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MASSACHUSETTS

ELDER ABUSE MODEL PROJECT:

FINAL REPORT

SEP 0 1993

Executive Office

of

Elder Affairs

Commonwealth

of

Massachusetts

AOA Grant No. 01AM000018-02

MASSACHUSETTS ELDER ABUSE MODEL PROJECT: FINAL REPORT

submitted by:

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MASSACHUSETTS ELDER ABUSE MODEL PROJECT: FINAL REPORT

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An evaluation of the Massachusetts Elder Abuse Model Project (and the Model Projects in Rhode Island and New York) was conducted by the University Center on Aging, University of Massachusetts Medical Center (see Wolf et al., 1984).

The Model Project Site

Several key features distinguish the Worcester Model Project's service delivery model.

1) It was located in a large elder service agency.

2) As workers in that agency, Project staff brought in services over which they had direct control.

3) Staff engaged extensively in coordination with other agencies - demonstrating the staff's twin roles as service broker and service coordinator.

4) Staff acted as counselors to clients and assisted them directly in a variety of other ways.

5) The staff's work with clients tended to be long-term.

The client pathway model (Figure 1) outlines the typical movement of a client through the site's service delivery system.

Principal Findings/Accomplishments

1. The case management model located in a community-based service agency is an effective and efficient way to deliver services to abused elders in Massachusetts for two reasons. First client outcome data suggest that the model is effective. Secondly, the model represents a natural extension of the case management model already in use in Massachusetts for the delivery of services to elders.

2. Documented elder abuse over the two year period of the Project's case finding and service delivery activities totaled 59 cases in a service area with a 60 and over population of 56,000 in 1980.

3. In 1982 the Massachusetts state legislature passed the Elder Abuse Reporting and Protective Services Act (Chapter 604). This law mandated both the reporting of elder abuse and the designation of a network of protective service agencies. The Model Project facilitated the implementation of Chapter 604 by:

a) serving as a model for the analysis of the impact of proposed abuse legislation on the elder network and the anticipated range and mix of services required;

b) serving as a model for the development of a case protocol, forms for intake and assessment, and processes for evaluation of services;

c) providing case studies and staff expertise which was utilized in the planning and development of training programs during implementation of the statewide program; and

4. Two manuals for training and information dissemination were developed: Capacity Building for Protective Services and a manual on elder abuse program implementation developed in cooperation with the Project Evaluator and the Rhode Island and New York Model Projects.

5. The type of data collected for each case included: key facts on the victim; an assessment of physical health, functional status, nutritional need, and social supports; the context of the abuse situation; manifestations of abuse or neglect; information on the perpetrator; agency actions taken; and barriers to service.

6. Victims of elder abuse are about 75 years in age, more likely to be female than male and inhabiting households with family members, including a sizable proportion living with husbands.

7. The abusers tended to be younger and male, sons almost as often as husbands.

8. Psychological abuse appears to be more common than physical abuse, but it is often accompanied by other forms of abuse/ neglect.

9. Physical abuse is most often characterized by bruises and welts; psychological abuse by verbal assault and intimidation; and neglect by lack of support and companionship.

10. For a sizable proportion of victims, the situation was considered to be very threatening or life threatening.

11. When asked the reason for their behavior, the abusers tended to deny that the situation existed.

12. Project staff pointed to the presence of mental problems in at least one-third of the abusers and a history of mental illness and alcohol abuse in an even larger percentage.

13. The victims are a relatively dependent group. About half require supportive devices for mobility; a few were bedridden. A large majority have difficulties with the instrumental activities of daily living and were assessed to be in a poor emotional state. About one-third were judged to be cognitively impaired.

14. Abusers were likely to be dependent on the victim for finances and under a great deal of stress (including unrealistic expectations of the abused or demands for attention, changes in the abuser's health or financial problems).

15. The vast majority of referrals were from private agencies and likely to be already receiving some type of health service.

16. Legal interventions were used in one-quarter of all cases.

17. The most frequently found barrier to service delivery was "receptivity of the abuser and abused to help." Coordination of agencies and services presented little, if any, problem.

18. The Site was successful in changing certain aspects of the abuse situation. Staff noted a reduction in the manifestations of the abuse or neglect situations, and in the dependency of the victim on the abuser and vice versa.

19. Negligible changes were found in the level of stress caused by the victim, in the victim's emotional state or in the problems facing the abuser.

20. Almost one-third of the cases seen by the Model Project were resolved completely. Some progress toward resolution was noted for almost another third.

21. While Project staff tried to keep the family unit intact, changes in the living situation were made in almost half the cases, either through departure of the abuser or placement of the victim in the hospital, nursing home, or new living quarters.

22. "Changes in social/living situation" was rated among the most effective strategy in case resolution; and "changes in circumstances of the abuser which precipitated the abuse" was the least successful.

23. Resolution was more apt to be identified with persons who were <u>more</u> dependent and victims of neglect than with those who were <u>less</u> dependent and victims of physical abuse.

1) incidents of abuse tended to be recurring events and not single occurrences;

2) physical trauma constituted over 41% of the reported injuries;

3) victims tended to be older (75 and over), female, and dependent for daily needs due to some mental or physical disability;

4) perpetrators tended to be a relative living with the abused, and experiencing stress related to caring for or dependence on the abused;

5) although a variety of intervention strategies were used by respondents, temporary or permanent removal of the victim from the abusive situation was frequently cited; and

6) barriers to service provision most often included refusal of the victim to acknowledge the problem or allow corrective action and lack of respite or protective services.

A second study by the University of Michigan's Institute of Gerontology found that not all caretaker families are able to adequately meet the needs of a dependent adult. Among the reasons cited for these inadequacies include lack of sensitivity and training, coping with undesired responsibility and misuse of psychotropic drugs. The study also notes that the abused person may aggravate the abusive treatment by "aggressive, belligerent or disoriented behavior" (Douglass, et al., 1980).

In 1979, Block and Sinnott's Battered Elder Syndrome sought to establish the extent of elder abuse in the Washington, D.C.-Baltimore areas, the characteristics of the abuser and the abused, and the types of abuse most prevalent. In addition to confirming many of the findings of the Massachusetts study, some additional findings were:

1) abusers are more often female than male; most often they are children of the victim, yet spouses, grandchildren and other relatives seem to be abusers almost as often;

2) victims are more likely to seek help (provided it exists) than abused children or spouses; and

3) elder abuse is as frequent as child abuse yet less frequent than spouse abuse.

A fourth study by Lau and Losberg (1979) reviewed 484 cases referred during a one year period to a community agency which provides home care services to chronically-ill elders. They

found 39 cases (9.4 percent) of abuse - three-quarters of which involved physical abuse.

In 1980, the House and Senate Select Committees on Aging held hearings on elder abuse (U.S. Congress, 1980). Testimony presented at the hearings suggests that almost ten percent of dependent elderly are vulnerable to abuse. Two key findings on the causes of abuse were:

1) a high proportion of those who abused the elderly were under such stresses as alcoholism, drug addiction, poor health or long term financial problems; and

2) when children were treated non-violently the probability that they will attack a parent is one in 400, but when their treatment was violent the probability of attack is one in two.

Since 1980, the literature on the subject of elder abuse, and family violence more generally, has expanded rapidly. For an in-depth survey of this more recent literature, see (Wolf et al., 1984; and Pillemer, 1984). Many states, including Massachusetts, have responded to this interest by implementing mandatory reporting laws and establishing protective service programs. However, attempts to combat domestic elder abuse are still in the early stages.

Few communities have the necessary service resources to establish a comprehensive elder abuse response system. Among those that do, the response to abuse is often fragmented and ineffective. Indeed, the literature suggests a need for coordination and development of a full complement of aid to both the abuser and the abused. Additionally, legislative mandates supplemented by legal enforcements need to accompany active community awareness and detection attempts. The directions in which to proceed are just beginning to be uncovered. The description and accomplishments of the Massachusetts Elder Abuse Model Project which follows should add a great deal to our knowledge of the nature, prevalence and appropriate responses to elder abuse over an extended period of time (three years) and in a single well-defined geographic area. This knowledge will in turn aid in improving protective services for the elderly.

C. Project Definitions

The Model Projects on Elder Abuse adopted uniform definitions of maltreatment. These are as follows:

ABUSE:

Physical Abuse:	the infliction of physical pain or injury, physical coercion (confinement against one's will) e.g., slapped bruised, sexually molested, cut, burned, physically restrained, etc.
Psychological Abuse:	the infliction of mental anguish, e.g., called names, treated as a child, frightened, humiliated, intimidated, threatened, isolated, etc.
Material Abuse:	the illegal or improper exploitation and/or use of funds or other resources.

NEGLECT:

Active Neglect:	refusal or failure to fulfill a care-taking obligation, INCLUDING a conscious and intentional attempt to inflict physical or emotional distress on the elder; e.g., deliberate abandonment or deliberate denial of food or health-related services.
Passive Neglect:	refusal or failure to fulfill a care-taking obligation, EXCLUDING a conscious and intentional attempt to inflict physical or emotional distress on the elder; e.g., abandonment, non-provision of food, or health-related services because of inadequate knowledge, laziness, infirmity or disputing the value of prescribed services.

D. Project Design and Objectives

1. Prior Experience of Massachusetts with Elder Abuse Issues

Prior to submitting the proposal for this project in 1980 and undertaking the three-year Massachusetts Elder Abuse Model Project in 1981, the Massachusetts Department of Elder Affairs was actively involved with the problem of elder abuse and the development of protective services in the state. The state has made and continues to follow through on four key efforts.

The first effort was to determine the prevalence of the problem in Massachusetts and assess the ability of the current legal and social service system to respond. A statewide survey and analysis (O'Malley et al., 1979) was one of the first major research efforts on the subject conducted in the country. Under contract to Legal Research and Services for the Elderly (LRSE), 1,044 professional and paraprofessional workers with the elderly were surveyed. While the response rate was relatively low (34 percent), 183 cases of elder abuse were reported over an 18-month period.

A second step was to follow this study with a series of one-day training sessions on elder abuse and protective services for those professionals working with the elderly in five different Massachusetts Planning and Service Areas during 1979. Across the Commonwealth, 133 people were trained including a heterogeneous mix of professions such as social work, medicine, nursing, mental health, law, police, and representatives of the state's Area Agencies on Aging and Home Care Corporations.

The third effort was the drafting and filing of a mandatory reporting law for elder abuse cases. An analysis by LRSE found that existing statutes and legal remedies around the country are by and large inadequate for handling elder abuse cases. At the time the proposal for the Elder Abuse Model Project was submitted, legislation had been proposed in Massachusetts but not enacted. With persistence, however, the Elder Abuse Reporting and Protective Services Act (Chapter 604) was passed in 1982 and implemented in July 1983. The implementation of this law was greatly facilitated by the procedures developed and findings of this Model Project.

The fourth area of concern was for long-term program planning and service development. The Massachusetts Department of Elder Affairs had developed a regionally oriented plan for the establishment of a statewide system of protective services for the elderly which would build upon the dozen or so elderly protective services programs already operating in the state. Such a statewide program became mandated with the passage of Chapter 604. The Elder Abuse Model Project was designed to provide critical information on the true dimensions of the problem at a local geographic level before plans for a multi-site, statewide program could be successfully implemented.

2. Project Aims and Objectives

The overall aim of the Elder Abuse Model Project as proposed by the Massachusetts Department of Elder Affairs was to collect practical, organized experience in the area of elder abuse. It was expected that the Project would: examine the usefulness and replicability of the case management (service brokerage) and service coordination models for service delivery; develop a case protocol; specify the incidence of abuse cases; identify system barriers to service delivery and interventions effective in breaking the pattern of abuse; and widely disseminate the lessons learned in the process.

a. Site Objectives

Three specific propositions were to be tested by the Model Project sites in Boston and Worcester:

Proposition 1. Increased knowledge about the dimensions of the elder abuse problem within a limited geographic area and over an extended period of time (3 years) will contribute to a better understanding of the problem and thus make development of valid intervention programs more feasible.

> Rationale: The literature revealed little substantive information on the incidence of elder abuse. Until a data base was established enabling the projection of abuse cases per 1,000 elders within a community, region or state, there was little solid information for program planning and development.
>
> Objective 1: To determine the rate of incidence of elder abuse in a typical medium-sized American city and its peripheral suburban and rural towns through the initiation of intensive outreach and case-finding activities.
>
> a. To develop an outreach program for the identification of abuse cases.
>
> b. To develop the information system needed for project monitoring and evaluation.
>
> c. To develop and initiate a training program for human service professionals such as project staff, Home Care case workers, hospital and home health agency staff, mental health staff, homemakers, nutrition program and housing staff, and police.

Proposition 2. Implementation of the case management model with certain supportive services will be a valuable contribution to the shaping of effective service programs.

Rationale: It has been pointed out in the literature that for a number of reasons, effective intervention in abuse cases is often difficult to attain. The service delivery model for this project is a case management or service brokerage model. This means that a trained case manager performs the functions of case screening, case assessment, service planning, implementation and follow-up. The project worker has access to existing community services such as health assessments; day care medical services, in-home services, legal, housing, counseling and psychiatric assessment. The literature suggests that the feasibility of expanding the range of existing community services (including 24-hour emergency response capacity, respite care, emergency and short-term housing, legal, and health services) for the abused be explored. Services for abusers are almost totally lacking and could include assistance in areas such as legal services, health, counseling, alcoholism, employment and housing. Whenever possible, the approach to service development should be to utilize existing programs, funding sources and resources (e.g., by negotiating access to existing programs for Model Project clients, by evaluating the options and feasibility of service development, and by testing the usefulness of low-cost service delivery options) rather than to support the creation of new ones.

Objective 2: To identify and overcome the barriers to effective intervention in abuse cases through the establishment of a case management model supplemented with certain community support services selected for their potential to overcome identified barriers.

a. To identify barriers to resolution of existing cases.

b. To develop a case protocol for use by project staff and participating agencies.

c. To obtain agreement with participating agencies for coordinated care planning to eliminate or reduce duplicative and fragmented activities of agency staff.

d. To identify new or additional resources for service development and/or expansion.

e. To develop strategies and models for new supportive services including, if possible, assistance for abusers, a 24-hour response capacity, and emergency housing/respite care.

f. To begin service delivery.

Proposition 3. Broad dissemination of information on the first two propositions will be useful for the human service field in developing programs dealing with elder abuse.

Rationale: The case management model which was proposed as one approach to service delivery for elder abuse cases is one which could be replicated throughout the Commonwealth and the nation. It built upon prior initiatives and recognized successful programs using case management as an appropriate mechanism for service delivery to older persons. The results of this project, disseminated widely throughout the nation, should be of immediate practical relevance to the Administration on Aging, State Units on Aging, Area Agencies on Aging and other human service providers.

Objective 3: To disseminate information, within the Commonwealth and nationally, on the extent and nature of elder abuse, on the barriers to effective intervention, and on a model for replication in other areas.

a. To provide information to the Department of Elder Affairs, other State agencies and legislature.

b. To provide information to Massachusetts Area Agencies on Aging, Home Care corporations, Councils on Aging, and other aging network agencies in the State.

c. To assist in the preparation and distribution of a manual on elder abuse program administration.

d. To distribute information nationally.

b. State Component Objectives

During Year 2, the state component's objectives were revised and expanded. The revised objectives and activities were:

Objective 1: To monitor and provide technical assistance to the Worcester and Boston sites in the development of a coordinated elder abuse and neglect program.

a. To work with site staff to develop and implement site plans.

b. To begin and continue monitoring activities.

Objective 2: To provide technical assistance to selected area agencies on aging/home care corporations to help them improve their capacities to assist elderly victims of abuse/neglect through their existing service systems and as a step towards developing a statewide protective services system.

a. To assist area agencies/home care corporations interested in developing elder abuse/neglect service systems.

1. To clarify standard operating procedures for the management of elder abuse/neglect cases at the Department and in the field.

2. To assist in standardizing data collection, service coordination, outreach activities and protocols.

3. To provide training materials and training for planners, administrators, and case workers responsible for developing and implementing elder abuse/neglect service systems.

4. To assist in the development of a public education program to increase public awareness of elder abuse/neglect and stimulate community interest in this area.

b. To select two area agencies/home care corporations which represent a service coordination model and assist with implementation of this service model.

Objective 3: To develop and implement a training program in collaboration with area agency/home care corporation staff.

Objective 4: To monitor and evaluate project evaluation activities.

Objective 5: To work closely with the project evaluator in the development of a manual on elder abuse.

Objective 6: To disseminate project information and results nationally and in the Commonwealth.

Objective 7: To work with the DEA Protective Services Task Force to insure that statewide protective services planning directly utilizes Project results and builds on Project experiences in serving the abuse/neglect victims who represent a portion of protective services clients.

Objective 8: To work with the AOA regional office to coordinate information sharing and insure communication among elder abuse Model Project sites.

Objective 9: To research and monitor abuse legislation both in the Commonwealth and nationally in conjunction with the Ombudsman, Legal Services Developer, and the DEA Protective Services Task Force and propose to the Department through the Task Force recommendations for legislation.

3. The Worcester Model Project Site Selection

Initially, the Department of Elder Affairs proposed a single site, Elder Home Care Services of Worcester Massachusetts, for the Elder Abuse Model Project. A second site in Boston was added during the first year of Project implementation, but later dropped from the Project after little over a year of operation. (See the Boston site report which follows).

The Worcester agency was selected from among the 27 Home Care Corporations in the state with which the Department of Elder Affairs has contracts to provide social services to the elderly. It was among the first of 7 home care agencies initiated in Massachusetts in 1972-73 and it was the first to offer services. From this tentative beginning, the agency now exercises a very influential role in the local aging network and with other human service providers in the area. Today the agency services an active caseload of more than 2400 clients by case managing the client's needs and purchasing services from resources in the community. Staff visits are conducted in the client's home to determine eligibility and need.

But the Worcester site had more to offer the Elder Abuse Model Project than an excellent track record in coordinating critical services for vulnerable elders. In 1977, with the aid of a $15,000 grant from its Area Agency on Aging, Elder Home Care Services of Worcester initiated a "Crisis Intervention Program" to assist clients who were determined to need more intensive and skilled case management. The service delivery model used by the Crisis Intervention Program was a service brokerage model, where a trained social worker assessed client needs, developed a relationship with the elder, and arranged for services from other community providers (such as legal, medical, health, counseling, and housing). This model was a natural refinement of the Home Care services already provided by the agency. The strengths of this model included:

1. comprehensive assessment of need without regard to income or service bias;

2. avoidance of fragmentation and duplication among service providers because there is one worker responsible for care planning;

3. ease of referrals to the program because there is a single entry point; and

4. facilitation of a therapeutic relationship with the client because there is one primary person for the client to relate to.

Of the 162 cases referred to the Crisis Intervention Program, 14 or nearly nine percent were in the "abuse/neglect" category. It should be emphasized that these referrals came to the agency without any particular effort on its part to locate cases in the community requiring crisis intervention. A more detailed description of the Worcester site and the service brokerage model can be found in Chapter 2 of this report.

mini-conference to facilitate the development of linkages and provide representation for a Coordinating Committee;

3. the development of an intake-referral form to centralize information about cases of elder abuse;

4. the assessment of training needs and organization of training programs; and

5. the involvement of the Project in advocacy, policy-making and legislation relevant to elder abuse and protective services.

After learning about the Evaluation Plan for the Worcester site, the Project Coordinator expressed an interest in having a community survey for the Boston site. On the basis of these early conversations as well as the objectives of the Project, the Evaluation Team outlined a plan for the Boston site which would respond to two research questions:

1. What is the nature and extent of elder abuse/neglect in the City of Boston?

2. What is the impact of the coordinated response system on abuse/neglect cases?

In addition to its initial problems, the Boston site's progress was hampered throughout by administrative and program difficulties. The change in structure and program, which delayed the start of the Project until the Spring of the first year, was followed within a few months by replacement of the Project Coordinator. While the transition from one to the other was made without interruption, the new staff person brought another new style of leadership and focus to the project. The Coordinating Committee became an Advisory Committee organized into three sub-groups; but only one, the Protective Service Planning Committee, was activated. The other two committees (Education and Training, and Elder Abuse Resource Coordination) were more directly related to the objectives of the Project but never met (though a second training program was in the planning stage). The survey was in progress with no follow-up procedure in place (even though Committee members had volunteered to help), and the intake-referral form was designed and needed testing.

To the credit of the Commission, the Project was able to bring together the various groups in the city involved or interested in elder abuse to discuss common issues and to begin to lay the groundwork for the coordinated response system. Although an aura of mistrust and doubt existed initially, it was gradually giving way to a more trusting relationship and a growing interest in what could be accomplished by the agencies and Commission working together. The emphasis on protective services rather than elder abuse/neglect may have been necessary. As the first Project Coordinator indicated, without the ability to offer

agencies some monetary reward for coordination of efforts, the Commission's only effective role may have been to assume a strong advocacy position on behalf of the protective services agencies. In so doing, however, the Project was diverted from the major objectives specified in the proposal, a strategy which ultimately may have contributed to its demise.

5. The Evaluation Component

The evaluation of the Massachusetts Elder Abuse Model Project was conducted by the University Center on Aging at the University of Massachusetts Medical Center. The goal of the evaluation component was to provide information about the Elder Abuse Project which would assist the Massachusetts Department of Elder Affairs in developing a statewide plan for the delivery of comprehensive protective services. Six questions, derived from the Project's propositions and objectives, formed the framework for the evaluation.

1. What is the impact of the outreach and case-finding techniques on the reporting of elder abuse cases in the Worcester Area?

2. What is the nature and extent of elder abuse in the Worcester Area?

3. What is the impact of the Elder Abuse Case Management Project on elder abuse in the Worcester Area?

4. What is the impact of the dissemination of information from the Elder Abuse Project in the state and nationally on the development of programs dealing with elder abuse?

5. Is the Elder Abuse Case Management Project a viable and replicable model?

6. Is the Elder Abuse Case Management Project an efficient model?

The answers to these questions were expected to provide data on the nature and extent of elder abuse in the Worcester area as well as to assess the effectiveness of the activities undertaken by Elder Home Care Services of Worcester (outreach, case finding, and case management) and the Massachusetts Department of Elder Affairs (dissemination of information).

Early in the first year of implementation, the role of the Evaluation Team was broadened to include the evaluation of the Administration on Aging's two other Model Projects on Elder Abuse located in Rhode Island and Syracuse, New York. The overall goal of the combined evaluation project was to develop and implement a common data collection system and evaluation of the three Model Projects on Elder Abuse. For a full discussion of the findings and the evaluation of the three Model Project sites, see the Evaluation Team's final report (Wolf et al., 1984). The findings from the Worcester site concerning client characteristics and outcomes are presented in Chapter Four of this report.

CHAPTER TWO

THE WORCESTER SITE: A SERVICE BROKERAGE MODEL

A. Description of the Worcester Site

The Massachusetts Model Project site is located in Elder Home Care Services of Worcester (EHCSW), a large multi-service agency that provides non-medical home care services to persons over the age of 60. It is important to note that EHCSW is a "Home Care Corporation" (HCC), a type of service provider unique to Massachusetts. In order to understand the nature of the Worcester Project, it is necessary to briefly describe the HCC system.

The Massachusetts Department of Elder Affairs (DEA) maintains purchase agreements with 27 HCCs across the state. While many HCCs are also Area Agencies on Aging, EHCSW is not. HCCs provide case management and information and referral services directly, and contract for a range of other services (including homemaker and chore services, transportation, congregate and home-delivered meals and legal aid).

Case management is a particularly important component of the HCCs. All clients who request services are initially prescreened by intake workers. If the client meets basic eligibility guidelines, he or she is referred to a case manager. Using a standard form called the Comprehensive Needs Assessment Procedure (CNAP), the case manager performs a detailed assessment of the client. Based on this evaluation, a plan of care is developed which must be approved by a HCC supervisor.

Applicants who are determined to be ineligible for HCC services are assisted by an information and referral specialist in finding another appropriate provider. Clients who are accepted are assigned a permanent case manager, who, in addition to developing the case plan, is responsible for initiation and monitoring of service delivery and periodic reassessment of client need. Clients are monitored by case managers until their case is closed due to death, institutional placement, or lack of need for services.

Prior to the institution in July 1983 of a statewide mandatory reporting requirement for elder abuse (Chapter 604), most HCCs did not have specially trained protective service workers. Instead, case managers handled the few cases of maltreatment which would randomly appear in their caseload. EHCSW departed from this basic model when it instituted a Crisis Intervention Project and later the Elder Abuse Model Project. Thus EHCSW offered case managers an unusual opportunity to seek assistance in abuse and neglect cases, or to transfer cases entirely.

The Elder Abuse Project at EHCSW works as part of a protective services unit. That unit contains the elder abuse social worker, a crisis intervention worker, and a site director who devotes half his time to the supervision of each of these workers. The site director also takes a certain number of cases on his own. Historically, EHCSW first employed a social worker to do protective services (crisis intervention) work with the elderly in 1977. That worker handled abuse and neglect cases, as well as problems such as evictions, other legal problems, family difficulties, and so forth. When the agency received the elder abuse grant, it was able to hire another social worker and a half-time administrator. Due to the narrow scope of the Model Project, the new social worker could only take on cases of abuse and neglect <u>by others</u>; self-neglect and abuse were left to the crisis intervention worker. As noted above, the site director devotes equal time to both types of clients.

An important feature of the Worcester site is that for many clients, Model Project staff serve as the HCC case manager. If an abuse case is referred from another agency, the social worker or site director will perform the initial assessment, develop a plan of care, and initiate services. Thus, the elder abuse workers have a unique ability among the three AOA Model Projects to provide the client with concrete services. If the abused individual meets eligibility requirements, the worker can provide them immediately with a homemaker, home-delivered meals, or other services. This is extremely critical, as the EHCSW abuse worker has the ability to offer a client concrete assistance in addition to counseling or legal intervention.

In many cases, Worcester abuse cases are often eligible for state-financed home care services. However, some abuse cases are financially ineligible for services, or are unwilling to go through the application process. In that case, the elder abuse workers attempt to bring in services in some other way. For example, some services are financed by Title III, and thus have no financial eligibility guidelines. Other services are financed directly from the elder abuse grant. Elder abuse workers can also call on two full-time geriatric aides funded by the Project. These aides can be deployed without the cumbersome eligibility determination process.

It is this access to services that differentiates Worcester most clearly from the other two Model Projects. The Worcester Project alone is able to directly authorize a wide range of services to a client. Homemaker services are the most frequently used. They can generally be authorized up to four hours a day, five days a week. Thus, Worcester staff can effectively monitor an abuse or neglect situation through the homemaker, while relieving stress on the parties involved by helping them with cooking, cleaning, and food shopping. Meals-on-wheels, chore services, and friendly visitors are also used by staff to perform a monitoring function.

Beyond providing services, staff in the Worcester Project attempt to establish a counseling relationship with both abuser and abused. Often, the worker will be involved with clients for a long period of time, and will assist them in taking steps to improve their situation. Further, the relationship can go beyond a standard therapist-client relationship by providing a wide range of assistance to clients. As one worker commented:

> Although its a professional relationship with the person, it also has a quasi-personal feeling about it. I think many times, we can have the flexibility to do things, like take someone in our care if it's necessary, and just do little personal things like that. That's the kind of stuff that goes to the core of the relationship, and what I consider to be a real important feature.

It is important to point out that as a result of these features, Worcester Project staff tend to have long-term relationships with their clients to a greater degree than the other sites. Since the abused individuals are likely to become clients of the <u>agency</u>, as well as the abuse unit, opportunities for monitoring and follow-up are greater. Perhaps for this reason, Worcester served fewer total abuse and neglect cases than the other two Model Projects. This may be due to a more enduring and intensive relationship with the clients who were seen.

B. A Case Example

The case to be described here involved Agnes, a 63-year old woman who lived with her brother, Edward, also in his sixties. Another sister had originally referred her to the crisis intervention worker. The sister felt that physical abuse was taking place. She reported that her sister's glasses had been broken, and her face bruised. She also informed the crisis intervention worker that the brother would talk about having to "discipline" the sister. The crisis intervention worker promptly referred this case to the Elder Abuse Unit and ceased to be involved in the case.

The elder abuse team took on the case and ascertained that physical abuse had occurred. Edward complained that Agnes "drove him crazy" by following him around the apartment and leaving notes for him. When she had been working, he claimed, things had been fine. Her health status, however, had recently declined to the extent that she had been forced to quit her job, and was now virtually homebound. He was also angry that her only financial contribution to the household was her social security check. As a result of these strains, the brother would, according to the case worker, "lose his ability to cope." On occasion, he would lash out violently.

The abuse unit arranged for a psychiatric evaluation. The psychiatrist reported that the abuser had serious psychiatric

problems. At this point, the two abuse workers decide to divide the case - the social worker taking Agnes as her client, and the Site Director taking Edward. They quickly found the brother to be openly threatening towards his sister, and the two argued violently. Their repeated verbal battles had brought them to the verge of eviction from their apartment. Through interviews with the clients and contacts with other involved agencies, the abuse workers learned that the brother had been in a mental hospital for over twenty years, and was discharged into his sister's care. This tenuous arrangement broke down when the sister became unemployed. Based on their assessment of the situation, the major goal of the abuse workers became the permanent separation of the two clients.

Before that could be accomplished, the police intervened during a particularly bad fight. The abuser was jailed overnight. The Site Director met with him and attempted to persuade him to move away from his sister. He refused, citing his reliance on his sister's social security income. During this time, the abused woman moved in with her sister. The Site Director assisted the brother, appearing with him in court, to get a continuance on the condition that he undergo psychiatric treatment.

The social worker continued to work with the abused, who was now residing with her sister. The worker arranged for a geriatric aide to be sent in three times a week. She also attempted to enroll her in an adult day health program, but this was not successful, due to the client's agitation at the center.

During this period, the sister with whom Agnes was temporarily living became increasingly hostile and uncooperative. It became apparent that another living situation would have to be sought. The social worker continued to work with Agnes, and provided her with additional services. She arranged for more psychiatric visits, and obtained dentures for the client. Agnes also received home health services and the social worker stayed in close contact with the Visiting Nurse Association for coordination purposes.

Resolution appeared near when Agnes expressed a desire to enter a nursing home. The social worker packed her belongings and took her to a facility with an available bed. As the intake process dragged on, the client became increasingly upset, and demanded to be taken back to her sister's home.

At this point, the abuse unit learned of other relatives of the abused client, who lived in Kentucky. They came to Worcester, and worked intensively with Project staff. The relatives were granted guardianship of Agnes and took her back with them where she was placed in a nursing home.

Throughout this time, the Site Director worked with the brother. He did financial counseling with him, and assisted him in locating new housing. The brother was able to continue living independently, without the assistance of his sister.

C. The Worcester Client Pathway Model

As a method of identifying more clearly the operation of the Worcester site, the staff were asked to produce a "client pathway model," which shows the typical client flow through the project. It represents in outline form the approach of the site to abuse and neglect cases. (See Figure 1). According to the client pathway model, clients come from a wide variety of referral sources. When any of these agencies suspects abuse, the most likely agency in the area to contact is EHCSW. After the referral, Project staff verify the existence of abuse or neglect. If no maltreatment is found, the client may be referred into the basic HCC program.

If abuse is identified or highly suspected, the Project's first step is to contact other agencies involved with the client to determine the role the abuse unit should play. If, after such consultation, the staff determine that their involvement would be useful, they make a home visit. The purposes of this visit are to verify whether abuse and/or neglect are actually occurring; to identify who in the client's support network could be called in for assistance; and to gather detailed information on the history of the case and its current dynamics. Following this visit, additional consultation with other agencies will usually take place.

A plan of intervention is then designed for the case. Often, this involves the introduction of services. It might also include long-range goals, such as separating the abuser from the abused by commitment, institutional placement, or some other means. If all parties in the situation are cooperative, then the agreed upon services are either directly authorized (if they are HCC services) or are arranged for from another agency. If one or both clients are uncooperative or legally incompetent, various legal alternatives may be pursued before services can be arranged. The Abuse Unit then follows the case until it is closed for one of a variety of reasons.

This client pathway model is, of course, an over-simplification and idealization of what can often be a highly variable process. It does, however, highlight in a general way the major features of the Worcester site: service authorization, coordination with other agencies and the informal support network, counseling, and monitoring.

D. Summary

To summarize, the Worcester Model Project has a number of distinct characteristics. First, it is located in a large elder service agency. As workers in that agency, Project staff have considerable leeway in using a wide array of services to intervene in abuse situations. They also counsel clients and

assist them in a variety of other ways. The Project's work with clients tends to be long-term and involves the coordination of activities of other agencies.

The case example illustrated a number of features of the Worcester site's service delivery model. First, the staff brought in services over which they had direct control. Second, they engaged extensively in coordination with other agencies - demonstrating the staff's twin roles as service broker and service coordinator. Finally, staff acted as counselors to clients and supported them through difficult life circumstances.

The client pathway model (Figure 1) outlines the typical movement of the client through the Worcester site's service delivery system and highlights the major features of the model: service authorization, coordination with other agencies and the client's informal support network, counseling and case monitoring.

CHAPTER THREE

PROJECT ACCOMPLISHMENTS BY OBJECTIVES

A. Overview of Project Accomplishments

Year 1. The first year of the Massachusetts Elder Abuse Model Project witnessed the establishment of both the state and site administrative functions and the solidification of relationships among the state agency (Massachusetts Department of Elder Affairs - DEA), the operational sites (Elder Home Care Services, Inc. of Worcester and the Boston Commission on Affairs of the Elderly), and the Evaluation Team (the University Center on Aging of the University of Massachusetts Medical Center). Both operational sites laid the groundwork for the development of coordinated elder abuse and neglect programs. The two sites represented two different models for delivery of such services. The Worcester site represented a basic case management model, whereas the Boston site represented a community coordination and organization model. The Department of Elder Affairs provided technical assistance to both sites and worked with them and with the Evaluation Team to ensure effective communications between the sites on issues of mutual concern such as methods of outreach, development of training, dissemination of project results, and definitional and data collection problems. The Evaluation Team was also a unifying factor in achieving progress in the project and specifically assisted in clarification of goals, standardization of intake and assessment forms, and arrangements for the collection of comparable data.

Year 2. The Project began the second year with several changes in the Project Work Plan. The Boston site was discontinued, although funding was provided for a two-month extension in order to complete activities underway and to bring an orderly conclusion to those not being continued. The role of DEA (the State component) was expanded in the following areas: technical assistance to relevant network agencies; training; public education; dissemination; and monitoring of legislation. A revised set of objectives and work plans were developed for this component.

DEA provided technical assistance to other area agencies on aging/home care corporations by developing and distributing a draft Program Instruction to assist case managers in handling abuse/neglect cases, and to inform administrators of the types of assistance these agencies can expect from DEA. The Project Director supervised the development of a manual, Capacity Building for Protective Services for the Elderly, prepared by a Management Lab Team from Brandeis University. This manual was distributed widely and also was used as part of a three-day New England Regional Conference on elder abuse/neglect organized by the Department in conjunction with the Evaluation Team and the AOA Region I office. The training highlighted the Abuse Model Projects and included participation by Massachusetts and Rhode

Island project staff members. The Project Director also worked with several other area agencies to develop training in their areas. Finally, the Project Director worked closely with DEA's Protective Services Task Force to insure that statewide protective services planning directly utilizes Project results.

Year 3. The Project's third year brought two important changes in Massachusetts state law and DEA policy which directly and indirectly affected the Project at the State and Worcester site levels. These changes were:

1. the passage and signing into law of Chapter 604, "The Elder Abuse Act"; and

2. the designation of the Worcester site as a protective service agency (along with 26 other agencies).

Passed and signed into law in December 1982, Chapter 604 mandated that DEA develop and implement an elder protective service system by July 1, 1983. During the planning phase, DEA sought and obtained an array of information ideas from Project staff to help develop its protective service plan. Estimates on the cost of services, derived from the Worcester site experience, were incorporated directly into the proposed protective service budget. Client assessment and evaluation forms used by the Project were modified for use statewide. In addition, both the Project and Site Directors served on the Protective Service Task Force. This Task Force made numerous recommendations concerning the proposed elder protective service program.

Chapter 604 also required that DEA designate a protective service agency in specified geographic areas. The Secretary of Elder Affairs designated 26 of the 27 home care corporations as protective service agencies. Elder Home Care Services of Worcester became one of the designated protective service agencies. On July 1, 1983 the Project site became the State designated protective service agency for the Worcester area. This designation enhanced the continuity of the Project without changing its objectives.

During the implementation of DEA's elder protective service program, the Project Director drew extensively upon the Worcester site's experience as a tested and workable model for developing protective service programs when asked to provide technical assistance and to organize training.

In the context of these changes, the Project adhered to its original goals of providing services to abused elders, conducting research on abuse and evaluation of the project, and disseminating information. Furthermore, the Project has continually enhanced DEA's planning for the implementation of Chapter 604.

B. Overview of the Worcester Site Accomplishments

Year 1. Work at the Worcester site did not get underway officially until April 1981 when the sub-grant award was accepted. The Site Director and Elder Abuse Specialist were hired and by the end of the month, project staff had: 1) met with the Project Planning Committee at DEA; 2) reported for the second time to an advisory committee of community agency professionals; and 3) begun working with the Evaluation Team on the definition of abuse, on the abuse survey instrument and on development of a management information system. Outreach efforts were also beginning and thirteen cases of suspected abuse were referred.

By the end of May the project was ahead of schedule for outreach and direct service. Outreach served not only a case-finding function, but helped predispose agencies to cooperate with the abuse survey which was to follow. Staff were involved with seventeen cases during the month of May. This not only met real need but provided experience on which to base decisions on the design of assessment and reporting forms, how well the existing network of services functioned and what gaps existed.

In early July, project staff reported to the Advisory Committee that outreach visits had been made to 9 hospital social service departments, 10 home health agencies, 12 social service agencies, 5 neighborhood centers, 4 adult day care centers, 3 family health centers, 4 planning organizations, one health department and one police department. It had also examined the feasibility of tying into a 24-hour response system, looked into the availability of respite care and emergency placement resources and begun discussions about training/education models for community workers on the subject of elder abuse.

By the end of August, it was evident that the outreach efforts were having some success and the project staff had begun to gain credibility within the community aging network. Five months after the start of the project, the number of cases in which the project had been involved totalled twenty-eight. The survey of community agency training needs on elder abuse had been mailed to 125 agencies and the project staff assisted the Evaluation Team in following up on those slow in responding. There was also cooperation between the project staff and the Evaluation Team which produced a comprehensive assessment/ reassessment tool, the key document in the management information system.

During late August and September, the staff found itself providing more direct service and with more cases that proved to be unusually complex and time consuming. Undoubtedly more people were helped and a number of effective interventions were made but there was no question that the considerable time investment made in service delivery delayed accomplishment of some of the project objectives. Such objectives as completing a management information system, initiating a training program, and developing a case protocol were behind schedule at the end of the first year.

Years 2 and 3. During the second and third years of the Project, the Worcester site further developed the case management or service brokerage model for the delivery of services to victims of elder abuse/neglect. A 24-hour elder abuse hot line was developed which eventually became the toll-free elder abuse hot line for the entire state of Massachusetts. Media coverage and communications within the aging network were increased. The site staff handled more than 70 suspected cases of abuse and provided valuable information on caseload characteristics, needed services and client pathways. The site was also involved with training and the development of materials for dissemination.

C. State Component Accomplishments by Objectives

Objective 1: Monitor and provide technical assistance to the Worcester and Boston sites in the development of a coordinated elder abuse and neglect program.

a. Work with site staff to develop and implement site plans.

Year 1: An internal DEA "Coordinating Committee" with expertise in the areas of elder abuse and protective services was established to provide on-going assistance to the Project Director. A Project Planning Committee was created to provide a setting in which the state agency, project sites and Evaluation Team could meet at least once every two months to plan and discuss project activities. Purchase of technical support services were made at the close of the first year by the two project sites - Worcester for legal services and Boston for training. After the initial proposal was submitted to AOA, detailed work plans for two modifications (the addition of the Boston site and the Supplemental Evaluation Plan which expanded the evaluation component to include the Rhode Island and Syracuse, New York Model Projects) were submitted to AOA.

Year 2: The Boston site was phased out in February. The Project Director met with the Boston Site Coordinator to assist in the closure of the programmatic and fiscal aspects of the Project. The Project Director also met with the Boston Advisory Committee to discuss options available for future committee activities. The Project Director worked closely with the Worcester Site Coordinator to provide assistance in the development of the site. Meetings were held on an average of once a month with additional frequent communication by phone and letter. Assistance was provided with outreach, dissemination of Project activities and findings, development of training, and coordination of data collection activities. In addition, the site was kept informed of the status and potential impact of State planning efforts for elder abuse/protective services and pending abuse legislation.

Year 3: By the third year, the Worcester site was fully implemented and operational. With the passage of Chapter 604, DEA designated the Worcester site as an elder protective service agency. The Project Director worked with the site staff to plan the transition to new procedures and Departmental regulations. The Project and Site Directors negotiated an agreement to allow the uninterrupted provision of protective services from the end of the Model Project (December 31, 1983) until the end of the State's fiscal year (June 30, 1984). The Project Director requested that the State assume funding

for the site in FY'85. Maintenance of both casework and research activities were emphasized as worthwhile goals in this request.

b. Begin and continue monitoring activities.

Years 1, 2 and 3: Activities of the project sites were monitored by DEA through Project Planning Committee meetings and submission of written and oral reports (both substantive and financial) as well as through periodic site visits and ongoing administrative and fiscal oversight activities.

Objective 2: Provide technical assistance to selected Area Agencies on Aging/Home Care Corporations to help them improve their capacities to assist elderly victims of abuse/neglect through their existing service systems and as a step towards developing a statewide protective services system.

a. Assist area agencies/home care corporations interested in developing elder abuse/neglect service systems. NOTE: On July 1, 1983, a mandated uniform statewide elder protective service program altered somewhat the intended approaches to meeting this objective. In consultation with DEA staff, the Project Director provided technical assistance around a) alternative approaches to service delivery over which the agency had discretion; and b) procedures mandated by Chapter 604. Technical assistance was also provided for the following sub-objectives:

1) Clarify standard operating procedures for the management of elder abuse/neglect cases at DEA and in the field.

Year 1: No activity was planned for this period.

Year 2: Guidelines in the form of a draft Program Instruction were developed and promulgated in May to area agencies/home care corporations to assist administrators and case managers in handling abuse/neglect cases and in understanding DEA's expectations of the network agencies as well as the types of assistance these agencies can expect from DEA.

Year 3: The Project Director provided assistance to DEA staff in drafting the regulations to govern a statewide protective service program. The Model Project's procedures and proposed protective service guidelines were compatible with and incorporated into the regulations. Regulations were distributed to all protective service agencies (home cares/area agencies on aging) and technical assistance was provided on the procedures set forth in them.

2) Assist in standardizing data collection, service coordination, outreach activities and protocols.

Year 1: No activities planned for this period.

Year 2: The Project Director in conjunction with other DEA staff developed a draft of forms for standardized data collection to be used by area agencies on aging/home care corporations. These forms were reviewed by the DEA Protective Services Task Force and distributed as a follow-up to the revised Program Instruction on Protective Services in the fall. Information on service coordination and outreach was provided to the Commonwealth's area agencies on aging/home care corporations primarily through two methods: 1) a three day training session on abuse/protective services organized by DEA in conjunction with the Project's Evaluation Team and the Region I AOA office; and 2) the distribution of a manual, Capacity Building for Protective Services for the Elderly, prepared for DEA by a Management Lab Team from Brandeis University and supervised by the Project Director. Basic protocols for agency use in managing protective service cases were provided in the draft Program Instruction on Protective Services mentioned in Objective 2.a.1.

Year 3: Standardized intake, assessment, functional evaluation, service planning, and other forms were developed for use on a statewide basis as Chapter 604 was implemented. These forms are modified versions of forms used by the Project. Service coordination was stressed at special training sessions conducted by the Director held in various locations around the State. Outreach activities were directed at mandated reporters of elder abuse and at agencies that are likely to identify elder abuse such as police, hospitals and VNAs.

3) Provide training materials and training for planners, administrators, and case workers responsible for developing and implementing elder abuse/neglect service systems.

Year 1: Project sites conducted an informal training needs assessment of over 400 local agencies which potentially service abused elders. The results indicated a need for training of direct service workers, public information and outreach on the issue.

Year 2: Two major training initiatives were undertaken in this year. First, a three-day regional

training session on elder abuse/protective services was organized. Developed by the Project Coordinator in cooperation with the Evaluation Team and the AOA Region I office, the training was held in Gorham, Maine in conjunction with the June AOA Region I Training Meeting. The session was geared toward planners, administrators and case workers from public and private social service agencies as well as representatives of law enforcement agencies and the medical and legal professions who are currently providing or interested in providing services to victims of elder abuse and neglect. Forty-five persons attended the training session. The second training initiative was the development and distribution of a manual Capacity Building for Protective Services for the Elderly prepared by a Management Lab Team, of graduate students at the Heller School, Brandeis University under the direction of the Project Director. The manual was distributed to participants in the training session as well as to all Massachusetts area agencies on aging/home care corporations.

Year 3: Eight training sessions were held from April until August on issues ranging from casework to development of resources for abused elders. A training program was planned and developed to field test a draft of the manual on elder abuse. The program is targeted to case workers and supervisors with a focus on clinical issues in protective services.

4) Assist in the development of a public education program to increase public awareness of elder abuse/neglect and stimulate community interest in this area.

Year 1: No activities were planned for this period.

Year 2: The Project Director met with representatives of two agencies selected for further study as service coordination models (Elder Home Care of the Merrimack Valley in Lawrence, and Coastline Elder Services in New Bedford) to assess the best strategies for increasing community awareness of elder abuse/neglect and available local resources in their areas.

Year 3: The implementation of a statewide elder abuse hot line (at the Worcester Model Project Site) and protective service program generated interest in the media about elder abuse. Numerous newspaper, radio, and television interviews about elder abuse and the program were conducted with the Project

Director, Site Director and Projector Evaluator. The Project Director consulted with DEA's Public Information Officer about developing a statewide public awareness campaign. The Director was also in contact with local agencies around public awareness campaigns.

b. Select two area agencies/home care corporations which represent a service coordination model and assist with implementation of this service model.

Year 1: This sub-objective was added once the Boston service coordination site was dropped. Therefore, no activities were planned for this period.

Year 2: Two area agencies/home care corporations (Coastline Elder Services of New Bedford and Elder Home Care of the Merrimack Valley of Lawrence) were selected for closer study and special assistance to assess whether and through what strategies a service coordination model could be effectively implemented. A service coordination model provides protective services through coordination with other local agencies rather than through the agency's own direct service staff. Meetings were held with representatives of both sites early in the Project year to present the goals of the project and to seek their participation. Follow-up meetings were held with representatives of the broader network of protective service agencies in both areas to discuss the Project, their proposed participation and to enlist their support. The Project Director and members of the evaluation team outlined the parameters of the evaluation for each site.

Year 3: During Year 3, the objective of implementing and assessing a service coordination model became unobtainable. With the passage of Chapter 604 and the implementation of the statewide elder protective services program, DEA decided against the "service coordination model" for providing direct protective service casework services. DEA located these functions solely with the protective service agency (area agency/home care corporation). As a result there are currently no true coordination models for protective service casework. Support services are ideally provided in a coordinated manner. The dominant model, however, is the case management one.

Two protective service agencies (Senior Home Care Services of Boston and Elder Services of Berkshire County, Pittsfield) were selected for intensive technical assistance to encourage the development of local interagency service coordination for a variety of support services necessary for protective service

intervention (e.g., the creation of a "modified service coordination model"). Assistance in the form of meetings (six) and telephone contacts was provided to the Pittsfield site and similar assistance is planned for the Boston site.

Objective 3: Develop and implement a training program in collaboration with area agency/home care corporation staff.

Years 1, 2 and 3: For accomplishments on this objective see Objective 2.a.3.

Objective 4: Monitor and evaluate project evaluation activities.

Years 1, 2 and 3: The Evaluation Component of the Elder Abuse Model Project was carried out by the University Center on Aging, University of Massachusetts Medical Center. The Project Director was in regular contact with the Evaluation Team via the Project Planning Committee, telephone contacts, and submission of written reports (both programmatic and fiscal). A brief description of the Evaluation component activities may be found in Chapter 1 of this report. A detailed discussion of the Evaluation Team's accomplishments is contained in the Evaluation Team's final report to AOA (Wolf et al., 1984).

Objective 5: Work closely with the project evaluator in the development of a manual on elder abuse.

Year 1, 2 and 3: Progress on the elder abuse manual is described in full in the final report to AOA made by the Evaluation Team (Wolf et al., 1984). In consultation with the Project Evaluator, the Project Director received approval for field testing the Manual in training sessions with protective service caseworkers. Changes suggested in this field test were incorporated in the final draft of the Manual.

Objective 6: Disseminate project information and results nationally and in the Commonwealth.

Years 1, 2 and 3: The Project's dissemination efforts have been numerous and visible. A detailed listing of all Project dissemination activities are contained in the Dissemination and Utilization Paper as part of this report.

Objective 7: Work with the DEA Protective Services Task Force to insure that statewide protective services planning directly utilizes project results and builds on project experiences in serving the abuse/neglect victims who represent a portion of protective services clients.

Year 1: No activities were planned for this period.

Year 2 and 3: The statewide protective services program implemented in July 1983 built upon and benefited from the Project in the following ways:

--The Project Director was a member of and chief DEA staff person to the Protective Services Tasks Force charged with the responsibility for developing and implementing a coordinated statewide mechanism for the delivery of protective services to abused/neglected elders. The Worcester Site Coordinator was one of several members of the Task Force with special expertise in elder abuse/protective services.

--The experiences of the Worcester site served as a model for: the development of draft Program Instructions on protective services; the analysis of the impact of proposed abuse legislation on the elder network and the anticipated range and mix of services required; and the development a case protocol, forms for intake and assessment, and processes for evaluation of services.

--The site provided case studies and valuable staff expertise which was utilized in the planning and development of training programs to help implement the statewide program.

--The Worcester site became the state's single location for a toll-free elder abuse hot line.

Objective 8: Work with the AOA regional office to coordinate information sharing and insure communication among elder abuse project sites.

Years 1, 2 and 3: The Project Director worked closely with the AOA Regional Project Officer and kept him fully informed of the Project activities through ad hoc meetings and telephone contact. The Director coordinated with AOA Region I and the Evaluation Team in the development of the three-day training conference (see Objective 2.a.3.). DEA supported the development of a joint product by the three AOA Elder Abuse Model Project sites and the Project Director met with the Project Officer to discuss contents and work plans for such a product. The Project Director assisted the Project Officer by hosting a cluster meeting in February.

Objective 9: Research and monitor abuse legislation both in the Commonwealth and nationally in conjunction with the Ombudsman, Legal Services Developer, and the DEA Protective Services Task Force and propose to the Department through the Task Force recommendations for legislation.

Year 1: No activity was planned for this year.

Year 2: The Project director was in close contact with DEA's Legislative Liaison to monitor the progress of pending Massachusetts abuse legislation. Through meetings and phone contact, the elder services network was kept informed of progress on the abuse legislation. In conjunction with other members of the DEA Protective Services Task Force, the Director prepared responses to a series of questions from the Massachusetts Senate Ways and Means Committee on the impact of the bill, if passed, on DEA and the elder service network.

Year 3: The passage of Chapter 604 in Massachusetts altered the need to monitor legislation in Massachusetts. The Project Director worked with the DEA Legal Services Developer, the General Counsel and other staff around the submission of technical amendments to the bill. Contact was also established with legislative aides about possible amendments to Chapter 604 and other issues.

D. The Worcester Site Accomplishments by Objectives

Objective 1: Determine the rate of incidence of elder abuse in a typical medium-sized American city and its peripheral suburban and rural towns through the initiation of intensive outreach and case-finding activities.

a. Develop an outreach program for the identification of abuse cases.

Year 1: Outreach efforts in the first year focussed on Project staff visits to 65 community agencies to establish visibility and credibility; and to explain the Elder Abuse Survey to be distributed by the Evaluation Team and encourage community agency response to the survey.

Year 2: Outreach efforts resulted in increased community awareness of the problem and increased referrals to the Model Project. More than half of all new referrals, however, were cases of self abuse/neglect rather than caretaker abuse/neglect and therefore were not part of the Project's scope. A 24-hour elder abuse hotline was established and publicized. Staff were interviewed by local newspapers and four separate articles on the Project and elder abuse were published. At least one confirmed case of abuse was referred as a result.

Year 3: Staff continued to conduct training/educational sessions with community agencies including: hospital social service staff, homemaker/home health agency staff, a district nursing association, members of an Alzheimers Disease support network, nursing home staffs, Council on Aging outreach workers, and staff of several adult day health centers.

Referrals continue to come in from a wide variety of sources. The major sources continue to be home health agencies and hospital social service departments, but calls also come from Councils on Aging, police departments, neighborhood centers, case managers, social workers, housing managers, neighbors and relatives. These calls are made not only to make referrals but to seek information or advice in dealing with problems involving elders who may be at-risk.

b. Develop the information system needed for project monitoring and evaluation.

Year 1: A case assessment and reassessment tool was finalized, but the reporting/referral forms were still in draft stage. Staff continued to work with the Evaluation Team to develop a MIS which benefits from the experience of direct service staff.

Year 2: A referral/reporting form was finalized. Project staff at the request of the Evaluation Team completed assessments and reassessments of 24 non-abused home care clients to allow for comparisons between abused and non-abused elders.

Year 3: With the assistance of the Worcester site staff, an MIS was fully operational and met the reporting requirements of the three sub-grant Model Projects on elder abuse. The MIS developed for the Project served as a model for the statewide reporting system for elder abuse mandated by the passage of Chapter 604.

c. Develop and initiate a training program for human service professionals such as project staff, Home Care case workers, hospital and home health agency staff, mental health staff, homemakers, nutrition program and housing staff, and police.

Year 1: Work plans which called for deciding on the content and method of training early in the first year and initiating training during the third quarter, were unrealistic. The Project staff needed to first identify the training needs in the community, decide upon the most effective model(s) and then put together the program. During the first year, staff concentrated on acquiring hands-on experience and gaining credibility. Toward the end of Year 1, training needs and models were discussed with a number of agencies, with the Advisory Committee and with the Project Planning Committee.

Year 2: Three major training/education efforts were made during the second year: 1)A case study presentation was made in June at the AOA Regional Training Meeting in Gorham, Maine; 2) Staff made a two-hour presentation, titled "Crisis Intervention," in September to 50 Worcester area para-professionals who work with the elderly. This presentation was one in a series organized by the Community Mental Health Center of Worcester; and 3) staff participated in a panel on "Community Resources" during October.

Year 3: Staff made a number of presentations nationally, regionally and in the local area. The most effective training technique (when sufficient time is available) proved to be a simulated case conference. Case studies are prepared beforehand, participants are assigned to groups and within groups to roles. A leader is chosen and the group is asked to decide upon a course of action. Then the groups are brought together and the actual intervention and outcomes are described. This method was used, for example, at the NCOA conference in Detroit in March. DEA adopted the case study approach and some of the site's case studies in statewide training for its new protective service workers.

Objective 2: Identify and overcome the barriers to effective intervention in abuse cases through the establishment of a case management model supplemented with certain community support services selected for their potential to overcome identified barriers.

a. Identify barriers to resolution of existing cases.

Years 1 and 2: Barriers to intervention were documented on the case assessment tools which were analyzed by the Evaluation Team.

Year 3: Project staff encountered all of the barriers listed in the assessment form and found that they were most often frustrated by "lack of receptivity of abused/neglected to help."

b. Develop a case protocol for use by project staff and participating agencies.

Year 1: The original work plan called for the case protocol to be developed during the second and third month. This did not prove to be realistic. Useful case protocols were produced only after some ideas and concepts were tested in the field. Even six months was too short a time for patterns to become evident. Over thirty instances of real or alleged abuse came to the attention of the project staff, but the numbers were still so small and the range of abuse so wide that it was not possible to put together a model which could be used by others in the first year.

Year 2: A draft case protocol (client pathway model) was submitted to the Evaluation Unit in late August. It is included in this report as Figure 1.

Year 3: After continued use, the draft case protocol did not require significant modification. It was used as a training aid with small groups as well as by DEA's Protective Services Task Force in its preparations to implement the new mandated reporting law.

c. Obtain agreement with participating agencies for coordinated care planning to eliminate or reduce duplicative and fragmented activities of agency staff.

Year 1: No written agreements were developed.

Year 2: No written agreements have been arranged, but work is in progress to reach agreement with a local elderly mental health service provider to clarify issues of access for elders to the mental health system.

Year 3: A written agreement was finalized for the Project's 24-hour hotline to become a continuing service provided by the site agency with the local VNA and a mental health agency serving as part of the response system. If the informal agreements between agencies in the Worcester community agency network were not so effective this would have been a higher priority for Project staff. As it was, there were few misunderstandings, easily ironed out, and the staff was able to devote its time to other, more pressing issues.

d. Identify new or additional resources for service development and/or expansion.

Year 1: The initiation of the project coincided with budgetary cutbacks at federal, state and municipal levels, which increased the difficulty of expanding existing services.

Year 2: Emphasis was been more on advocating for the retention of existing services than on attempting to expand services or to fund new ones. The staff successfully appealed in August for a Geriatric Aide Program which has been a valuable adjunct to the Model Project.

Year 3: No activity was noted in this period.

e. Develop strategies and models for new supportive services including, if possible, assistance for abusers, a 24-hour response capacity, and emergency housing/respite care.

Year 1: A number of possibilities were examined or implemented: 1) a community I&R system was expanded to a 24-hour capability; 2) a municipal nursing home was willing to talk about setting aside spaces for emergency placement of abuse victims; 3) a spouse abuse agency has also been cooperative in making available its services and facilities; 4) a foster care and respite care agency in the adjoining service area expressed a willingness to accept referrals from the Worcester area; and 5) at least two counseling agencies agreed to provide services to abusers.

Year 2: The elder abuse hotline continued to function although it produced few actual referrals. A Project staff person served on an advisory committee for a foster care and respite care program which attempted to secure funding to offer services in the Worcester area. A second effort was made to convince United Way to fund a voluntary conservatorship and guardianship program in the community The agency requesting funds (The Age Center of Worcester) changed its By-Laws to

allow it to function as a conservator/guardian. The Model Project was asked to both endorse the program and screen referrals if funded.

Year 3: The one year test of the abuse hotline was completed in April and staff recommended that the system be added to the site agency's services. Two community agencies which have staff on call 24 hours, agreed to be part of the response system. The same unit received a contract from DEA to serve as the statewide elder abuse hotline.

Efforts to expand foster/respite care into the Worcester area were successful. The Worcester site supported the request of the Family Care Program for an expansion grant and is now the contact point for applicants for placement and those wishing to host them in the Worcester area.

Project staff continued to advocate for guardianship/conservatorship services for this area. Jewish Family Service of Worcester made the decision to accept appointment as guardian for as many as fifteen elderly persons. This came about, in part, because of the close working relationship that developed between project staff and the agency in petitioning for a guardianship last year and the need for more guardianships that the staff was able to demonstrate.

f. Begin service delivery.

Year 1: Service delivery began immediately upon receipt of the grant in April 1981. In the first year, services were delivered to over 35 suspected abuse cases.

Year 2: By the second year, staff had handled over 70 referrals though not all were assessed as cases of abuse. The Model Project staff of 1.5 workers carried a total caseload of 25 by the end of the year. Service delivery included frequent phone and in-house consultation to area professionals working with the elderly.

Year 3: By mid-year (the cut-off point for inclusion of cases in the Project Evaluation), the Worcester site staff had submitted a total of 61 documented cases of elder abuse. The initial surge of cases during the start-up phase was, to some degree, caused by a number of transfers. The cases had been carried by the site agency and others. When the project was announced and referrals encouraged, they were turned over with enthusiasm. After the initial influx, the rate of

referral was never high for cases which met the criteria of "elder abuse". More often than not referrals were self abuse/neglect rather than caretaker abuse/neglect.

Evaluation statistics do not tell the full story of service delivery efforts. As the project developed and staff became better known and more experienced, there were more calls for advice and consultation from both outside the agency and within. These generally concerned problems around conservatorships, guardianships, restraining orders, evictions and involuntary commitments; areas where staff had developed a good deal of hands-on experience. Project staff provided back-up in individual cases where there seemed to be a potential for abuse. Often case managers had a good working relationship with the client, but needed support and advice in dealing with problems they did not usually encounter. None of this activity was reflected in Project statistics.

Objective 3: Disseminate information, within the Commonwealth and nationally, on the extent and nature of elder abuse, on the barriers to effective intervention, and on a model for replication in other areas.

a. Provide information to the Department of Elder Affairs, other State agencies and legislature.

Year 1: Worcester Model Project staff met four times during the first year with the Project Planning Committee to report on site activities and discuss any problems encountered. Copies of the site's Advisory Committee meeting minutes were also regularly provided to DEA.

Year 2: Meetings with the Project Planning Committee continued. The Site Coordinator was made a member of DEA's Protective Services Task Force which is planning the implementation of Chapter 604.

Year 3: The Site Coordinator met regularly with the DEA Model Project Director during this year. Site staff participated in a presentation on the project to DEA staff in February. Site staff continued to be represented and actively involved on the Protective Services Task Force and a Crisis Intervention Committee of which four of nineteen members are representatives of state government agencies.

b. Provide information to Massachusetts Area Agencies on Aging, Home Care Corporations, Councils on Aging, and other aging network agencies in the state.

Year 1: The Site Director met with virtually every director of agencies serving the elderly in the area, as well as the director of the AAA and the chairpersons of nine Councils on Aging. He also wrote to every organization identified with the elderly describing the purpose and objectives of the project and providing available information on the subject of elder abuse.

Year 2: The Site Coordinator met with the Grants Review Committee of Region II Area Agency on Aging to describe how the Crisis Intervention, Geriatric Aide, and Abuse Project together constituted an effective protective service capability which served as a model for the Commonwealth. Both projects were subsequently funded for the ensuing year.

Other efforts included: 1) the mailing of information material to all Councils on Aging in the area; 2) a presentation on elder abuse made at the Community Nursing Association of Grafton's Health Fair and similar events in other communities; 3) site visits by Dr. Terrence O'Malley (a physician who has worked in the area of medical intervention in elder abuse cases) and representatives of the Home Care Corporation of Springfield to discuss developing a protective services capability for that agency.

Year 3: During the third year, the Worcester Site staff conducted the following dissemination efforts in the state of Massachusetts:

--met with staff and volunteers of the Senior Companion Program of the Age Center of Worcester;
--spoke to a statewide meeting of Program Directors and Service Supervisors of Home Care Corporations;
--met with 120 homemakers/home health aides serving all branches of Catholic Charities in worcester County;
--presented on elder abuse at an Elder Protective Services Conference sponsored by North Shore Community Mental Health Services and North Shore Elder Services;
--met with a protective services task for of Mystic Valley Elder Services in Malden;
--met with the Worcester Area Geriatric Social Workers;
--participated on a panel discussion on elder abuse at the First Annual Governor's Conference on Aging at Worcester State College;
--was interviewed by the Boston Globe, the Associated Press, the Boston Phoenix, Morning News on WBUR-FM Boston, and WKOX in Framingham;
--organized a meeting of three home care/protective service agencies with the Worcester County District Attorney's office to discuss mutual responsibilities in carrying out Chapter 604 and held a similar meeting with the Register of Probate;

--held three in-services for a hospital social service department and two home health agencies;
--assisted with the training of new protective services workers from five home care/protective service agencies;
--assisted in the presentation of a workshop on "Families and Elder Abuse" for the Annual Meeting of the Massachusetts Gerontology Association;
--participated in organizing an Alzheimers support network in the Worcester community;
--presented on elder abuse/crisis intervention to the Massachusetts Association of Day Health Providers; and
--served as a panelist for a session on elder abuse held during the DEA Long-Term Care Conference at Holy Cross College.

c. Assist in the preparation and distribution of a manual on elder abuse program implementation.

Year 1: No activity planned for this year.

Year 2: A meeting of the Project Planning Committee was held in August to plan preparation of the Manual.

Year 3: Staff participated in meetings with the abuse manual editing team, providing them with case studies and a critique of the initial draft of the manual.

d. Distribute information nationally.

Year 1: No activity planned for this year.

Year 2: Staff made a presentation as part of a session on "Delivering services to abused elders" at the NCOA annual meeting conference held in Washington during April. The Site Coordinator assisted with a discussion session, "Understanding and treating elderly abuse reports from three AOA Model Projects," at the Annual Meeting of the Gerontological Society of America held in Boston in November. An inquiry was received as a result of an earlier national presentation from the Department of Social Services in Frederick, New Brunswick for technical assistance in initiating a protective services unit in New Brunswick.

Year 3: The Site Coordinator assisted with a training session on "Working with abused elders" during the NCOA annual meeting in Detroit. Staff made a presentation of the "Principles of successful case intervention" in a session on elder abuse at the Annual Meeting of the Northeast Gerontological Society in Newport, Rhode Island. Staff assisted in presenting a workshop on elder abuse at the Fifth Annual Regional Aging Network Training Meeting at Connecticut College.

CHAPTER FOUR

CLIENT CHARACTERISTICS AND OUTCOMES[1]

This chapter examines some of the findings of the evaluation team for the Worcester Model Project. In particular, the data presented below describe in detail: 1) the characteristics of the abused, the abuser and the types of abuse or neglect at the time of the initial report and assessment; and 2) the outcomes of the cases following intervention by the Model Project and the factors which contributed to resolution of the cases.

METHODOLOGY AND DATA COLLECTION

The assessment form used to collect the data reported below was designed with the assistance and advice of the Worcester Model Project staff. It incorporated a portion of the Massachusetts Department of Elder Affairs' Home Care Client Assessment Form (CNAP - the standard assessment form used by all home care corporations in Massachusetts) as well as portions of questionnaires designed for and tested in other studies of elder abuse/neglect. By using the Massachusetts home care form, the intent was to simplify the work of the Worcester Project staff in collecting information and to make it possible to compare the elder abuse victim with non-abused/neglected cases seen by the home care agency. The type of data collected for each case included: key facts on the victim; an assessment of physical health, functional status, nutritional need, and social supports; the context of the abuse situation; manifestations of abuse or neglect; information on the perpetrator; agency actions taken; and barriers to service. The purpose of the case assessment was to provide a picture of the abuse/neglect situation at the time when the case became known to the agency.

The sample consisted of all cases of elder abuse/neglect seen by the Worcester Model Project staff between July 1, 1981 and June 30, 1983 in which the victim was 59 years or age or older at intake. Additional qualifications for inclusion in the sample were that the victim live in a domestic setting and that the perpetrator be a family member or informal caregiver. In Worcester, the total number of such cases was 59.

The re-assessment form (or outcome assessment) measured the status of the abuse situation at the close of the case or at the end of the project if the case was still active. The average time between the initial and re-assessment was 6.9 months (ranging from one to thirty months). The re-assessment form repeated many of the questions on the assessment form, adding items on action taken by the agency, barriers to service and case outcome.

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[1]The material in this chapter is derived from Wolf et al., 1984.

Re-assessment data were completed on 57 of the 59 cases in the original sample. To analyze the data gathered at two points in time for each case, the Wilcoxin Matched-Pairs Signed-Ranks test was selected. This procedure measures both the direction and the magnitude of the differences between the pairs.

For a complete description of the methodology and data collection techniques (including samples of the assessment forms) used by the evaluation team, see Wolf et al., 1984.

CHARACTERISTICS OF THE ABUSE, THE ABUSED AND THE ABUSER

Characteristics of the Victim

At the time of reporting, about three out of five (59.2 percent) of the victims were 75 years or older (Table 1). The average age of the victims was 76.8 years. Most of the victims were female (79.7 percent) and a large majority were white (94.9 percent). Almost one-third of the cases involved elders who were married (36.2 percent) and living with a spouse (37.5 percent). The abused/neglected elders resided with children in 39.3 percent of the cases (Table 2). A small proportion (10.7 percent) of the total case load was living with non-relatives.

Annual income for a majority of the victims in the project (61.1 percent) was under $5,000 a year. Even when the income of others in the household was included, half (50.0 percent) of the sample reported totals under $10,000 a year.

Characteristics of the Perpetrator

The Worcester project reported a greater proportion of perpetrators who were male (66.1 percent); female under 60 years of age (55.9 percent); and white (96.6 percent). (See Table 3). Abusers were more apt to be husbands (25.4 percent), than sons (23.7 percent) and daughters (18.6 percent). (See Table 4). Non-relatives were involved in 11.9 percent of the cases. Generally, the victim and perpetrator lived in the same household (83.1 percent) for a long time (average length of time was 25.6 years). Despite this, the relationship between the victim and perpetrator was judged to be "poor" by the social workers in 77.2 percent of the 59 cases.

Of particular interest was the psychological status of the perpetrator since there is some controversy among elder abuse and family violence researchers as to the role of psychopathology as a causal factor. Included on the assessment form was a question pertaining to the perpetrator's explanation for the situation and the case worker's diagnosis (Table 5). In over half the cases, the perpetrator (50.9 percent) denied that there was a problem.

In 41.1 percent of the Worcester cases, the reason for the maltreatment according to the staff was the "mental condition of

the perpetrator, including alcohol or drug abuse" (Table 6). The next most often cited reason (14.3 percent) was "long term interpersonal problems between abused and abusers."

Another question asked the case worker to note whether the perpetrator was experiencing any one of thirteen problems and the degree of severity: mild, moderate, severe or severity unknown (Table 7). Two out of five of the perpetrators in Worcester (41.7 percent) had a history of mental/emotional illness. Similarly, almost the same percentage (35.6 percent) were alcohol abusers. Generally, the cases were in the "moderate" to "severe" categories. Other frequently noted problem areas were recent and long-term medical complaints, and recent and long-term financial problems.

To find out if perpetrators were social isolated, they were asked if they had other family members available for support or assistance and if they had someone they could call in a crisis (Table 8). Of those responding, 77.3 percent had other family members for support and 89.7 percent had someone to call in a crisis situation.

Characterization of the Abuse and Neglect

The staff of the project were asked to indicate the nature of the particular abuse evident in each case using the categories and descriptions provided in the assessment instrument (physical, psychological, material, and active and passive neglect). (See Table 9). The most prevalent type was psychological abuse (72.9 percent). After psychological abuse, the next most prevalent forms of abuse were reported as follows: physical abuse (44.1 percent); passive neglect (42.4 percent); material abuse (39.0 percent); and active neglect (15.3 percent). On the average, each case represented two types of abuse, usually psychological abuse and another form. When the workers were asked to indicate which type of abuse precipitated the reporting, physical abuse most often led to the referral (55.6 percent of the cases) followed by psychological (25.4 percent); material (23.9 percent); passive neglect (23.7 percent) and active neglect (6.8 percent).

To probe further into the nature of abuse/neglect, the staff were requested to note which form of maltreatment they considered to be most harmful among their cases. The Worcester staff believed psychological abuse to be most detrimental (32.3 percent), then passive neglect (28.8 percent), physical abuse (22.8 percent), active neglect (10.5 percent) and material abuse (8.8 percent).

Since earlier studies had shown that cases of abuse and neglect are usually of long-standing, the intake assessment included a question on the length of time the individual was abused/neglected before being reported to the Model Project. With information of three-quarters of the cases, there was a range from one month to forty years, with a median of 18 months.

In order to learn more about the characteristics of the abuse and neglect, a list of forty manifestations were included on the assessment form (Table 10). The social workers were requested to note whether each was present or not; and if present, the degree of severity - mild, moderate, severe, or present but severity unknown ("?"). In the Worcester sample of 59 cases, the most often found manifestations of maltreatment in the moderate to severe categories were verbal assault (n=28), intimidation (23), and threats (22). The most prevalent type of neglect was lack of support/companionship found in 18 cases, and lack of supervision in 14. Material abuse was almost evenly divided between "taking possession of money or property" (18) and "misuse of money or property (16). Bruises and welts were the more common manifestations of physical abuse (12 cases). Other acts of physical violence were present in only a few cases. As a consequence of the behavior of the perpetrator, the case workers believed the situations to be life threatening or very threatening in 49.1 percent of the cases (Table 9).

Dependency and Exchange

Two approaches were used to learn what role dependency played in elder abuse and neglect situations: one was to determine the health and functional status of the abused/neglected elders, the second was to measure the degree of dependency of the elder in various categories. On the assessment form, the social workers were asked to list the major physical health problems of their clients, the total number of which was used as one indicator of health status (Table 11). For the Worcester cases, there was an average of 2.8 major physical health problems. In response to the question concerning the utilization of supportive devices, the social workers found that more than half the abused elders used either a cane, walker, or wheelchair (51.9 percent).

The next three questions concerned nutritional status. Special diets were prescribed for 34.7 percent of the victims and 41.9 percent were reported as not eating well. When asked whether there had been a significant change in weight, the case workers reported that 70.7 percent of their clients had maintained their weight.

A series of instrumental tasks was listed on the assessment questionnaire to be marked either "yes" or "no" depending on whether the client had a problem in that area. Eight were included. The proportion of those having problems ranged from 51.7 percent having problems with safety/security of personal property to 76.8 percent having problems with general shopping (Table 12).

Concerning the mental status of the victim, there were several questions on the assessment form. First, the social workers were asked to note whether the client had problems with orientation (person, place or time) and memory (immediate, recent or remote). (See Table 13). About one-third of the Worcester abused/neglected elders were found to have a problem with

orientation either all the time or some time (person, 35.2 percent; place, 28.4 percent; and time, 34.0 percent). Responses to problems with memory follow a similar pattern with about one-third of the victims exhibiting memory impairment some or all of the time (immediate, 29.2 percent; recent, 40.0 percent; and remote, 32.4 percent).

In response to questions about the abused person's emotional state at intake the social workers reported that a majority were in a "poor" state (58.8 percent). (See Table 14). Yet, the workers found 81.6 percent of the victims were able to give consent. The answers to the final questions on the emotional and mental status revealed the worker's judgement that almost half of the victim's (44.4 percent) had very or moderately low levels of self esteem.

To learn more about dependency as a factor in elder abuse and neglect, the case workers were asked to rate the extent to which the abused/neglected person had been dependent on the abuser and/or his/her family in six different aspects of living: companionship, daily needs, financial management, financial resources, maintenance or property and transportation. The highest proportion of dependency was associated with financial management; 64.3 percent of the abused elders were very dependent in this area, next was companionship, which involved 62.1 percent of the cases (Table 15). Being independent was most often associated with having financial resources (52.7 percent).

Because the earlier analysis of cases reported by community agencies disclosed that abusers were often dependent on the abused for finances and other types of assistance, a similar question was included regarding the abuser's dependency on the abused in the areas of finances, companionship, activities of daily living and other. Unfortunately, obtaining information about the abusers was difficult; therefore, the data are available for only a portion of the total sample on some of the items (Table 16). They show that the situation for the abuser is just the opposite from that of the abused. The abuser is dependent on the abused for financial resources but apparently independent regarding companionship, and daily needs. Among the Worcester cases, 41.9 percent of the abusers are very dependent for financial resources, 32.6 percent slightly dependent and 25.6 percent independent.

Stress

Several questions were placed on the assessment form to test the hypothesis that the burden of caring for an elderly relative as well as the physical, mental, social or economic stresses on the abuser may lead to abuse or neglect. According to the social workers at the Worcester Project site, there was a great deal of stress evident in the lives of these families (Table 17). Two-thirds of the cases involved an abuser under "a lot" of stress (66.7 percent). When asked to be more specific about the type of

stress, the staff wrote "demands for attention" for over one-third of the cases (37.5 percent), and "incontinence" for one-quarter (28.1 percent).

Because the abuse/neglect might have been precipitated by certain changes in the situation of either the victim or the perpetrator, the social workers were given a list (physical health, mental health, loss of supports/contact, family relationships, financial or job status, living arrangements, increased dependency, and provocative behavior) and asked to rate whether any of them had occurred (Table 18). In answer to the question about the victim, the Worcester staff checked "physical health" most often (81.0 percent of the cases) followed by "increased dependency" (61.0 percent) and "mental health" (61.0 percent). Regarding the perpetrators, the most frequently mentioned change among the Worcester cases was "mental health" (45.8 percent) and "living arrangements" (41.4 percent).

To learn more about the role of stress as a causal factor in cases of elderly mistreatment, the case workers were also asked to note whether certain problems (recent and long term medical or financial problems; recent divorce or death or spouse; birth of a child; or suicide attempt) had occurred in the lives of the perpetrators and to what extent. Of all the problems listed, the most common noted in the Worcester case load was "long term medical problem" (27.1 percent of the cases); next, was "recent medical complaint" (18.6 percent). (See Table 7 for numbers of cases by degree of severity).

Social Networks and Isolation

The initial plan of the Evaluation Team to obtain a detailed accounting of the number of persons with whom the victim had social contact, the type of contact, purposes, and frequency could not be completed correctly in the format presented to the social workers. Instead, the number of social contacts for the abused/neglected person was recorded excluding the perpetrator and formal caregivers (e.g., homemakers, nurses, friendly visitors, lawyers, parish priests, etc.); the frequency of contact with these people (daily, weekly, monthly or infrequently); and attendance at clubs/center activities or church on a regular basis (yes/no). The results from the Worcester sample (Table 19) show that almost one in five had no other social contact than those in the household or the perpetrator while about one in twenty had five or more contacts. For almost two out of five victims the contact was on a weekly basis, for one out of five the contact was monthly or infrequently and for one out of five the contact was daily. Approximately one out of seven attended club or church programs.

Cycle of Violence

Obtaining information about the background of the perpetrators proved to be a difficult task. Even though the case workers spent many weeks and often months on the cases, they were not able to find out much about the childhood of the perpetrators or whether they had been responsible for other violent acts. What data are available are presented on Table 20. Concerning childhood experiences, responses were given for only nine cases of the 59 Worcester cases. Of the nine, seven reported having been abused or neglected. When the question was re-worded to find out whether the perpetrator had come from an unstable or untraditional background, data were available in only 20 cases, five of which checked "violence." Another question on this aspect of the perpetrator's background requested information about other acts of violence carried out by the perpetrator. Responses for nine cases were given including multiple responses for some perpetrators: child abuse (2), spouse abuse (1), documented assault and battery (5) and other types of violence (4).

Intervention, Action and Barriers

A final group of questions on the assessment form concerned the Model Project activities. The first dealt with the source of referral. Almost half of the cases were referred from private agencies (47.5 percent). Other sources, such as self-report, family members, hospitals, and public agencies each accounted for about one-eighth of the case load (11.9 percent). Only one case was referred by a private physician and none by members of the legal profession.

In response to the question about the services utilized by the abuse/neglected persons just prior to the agency's intervention (Table 21), the Worcester staff cited health services in almost two out of three cases (65.3 percent) and informal supports for one out of two (49.0 percent). Relatively few abused persons were involved with meals on wheels, senior centers, legal services or volunteers.

Initial action taken by the Project covered a wide array of services, but the action most frequently taken first was contacting the victim (in 44.8 percent of the cases) and then contacting "other agencies" (37.9 percent of the cases). To determine the referral patterns used by the Model Project, the case workers were requested to specify the various agencies to which they had made referrals for each of the cases in five categories (Table 22): medical, mental health, social service, volunteer, police, legal and others. For most cases, there was one referral per category, although in behalf of one case the staff made four "medical" contacts (i.e., physician, dental clinic, eye specialist, and VNA). The rank order of the types of agency referrals begins with medical services (49.2 percent), mental health (27.1 percent), social service (27.1 percent),

legal (23.7 percent), police (17.0 percent) and volunteers (3.4 percent). "Others" included housing, foster care, day care, rest home, and meals on wheels.

A separate group of questions were included on legal action. The first question asked whether the case worker thought that any legal action was appropriate (Table 23). For about one-third (32.2 percent) of the cases, the answer was "yes"; for 44.1 percent, it was "not sure". When requested to specify the type of legal action, case workers most often added "order of protection" and "competency" (5 cases each).

In response to the inquiry whether they had initiated or planned to initiate any of these legal interventions, staff said "yes" for only one-quarter of the cases. Further questioning concerning the effect of mandatory reporting on the case showed that the staff felt that such a piece of legislation in one out of six cases would have helped to bring about an earlier and/or more effective intervention. Asked whether in their opinion a short term involuntary protective removal law would have made an earlier and more effective intervention possible, staff replied negatively for almost all cases (95.6 percent).

The last question on the case assessments presented a list of barriers to effective service delivery and asked the case workers to rate them in terms of the degree to which they had hindered or were likely to hinder the delivery or appropriate services to their cases (Table 24). The least hindrance was attributed to "number of agencies involved" (91.2 percent of the cases were not hindered by this) and "coordination of services" (89.2 percent). The most frequently mentioned barriers were "receptivity of the abuser to help (cited as a barrier in 86.9 percent of the cases) and "receptivity of the abused" (63.6 percent).

CLIENT OUTCOMES: CASE RE-ASSESSMENT

Characterization of Abuse and Neglect

At the time of the re-assessment, the case workers were requested to indicate changes in severity of the manifestations of abuse and neglect since the previous assessment, noting whether they were "mild," "moderate," "severe," "questionable," or "no longer a problem." If there was no change between the assessment and re-assessment, the Time 1 value was repeated on the re-assessment form. Table 25 indicates the number of cases for each category of abuse and neglect for the various degrees of severity. In order to simplify the presentation of data, the number of manifestations under each category of abuse (physical, psychological, etc.) was tallied and the total both at the assessment and the re-assessment recorded as well as the percentage change.

With regard to physical abuse, there was a 53.1 percent drop in the number of manifestations of abuse between the two assessments. Looking more closely at the degree of severity in Table 26, it can be seen that of the 32 manifestations of abuse present at intake for the 57 victims, 16 were no longer a problem at the close of the case (time of re-assessment). There were fewer manifestations marked "severe" and "moderately severe" and more judged as "mild," plus a number which were "no longer a problem." This pattern prevailed for the remaining types of abuse (psychological, material abuse and neglect) which showed a 60.1, 63.2, and 56.6 percent reduction in manifestations, respectively.

Concerning the actual elimination of the problem, the Worcester staff show that 50.0 percent of the initial manifestations of physical abuse were "no longer a problem." For psychological abuse, it was 42.1 percent; material abuse, 31.6 percent; and neglect, 37.6 percent.

In addition to the number of manifestations as an indicator of degree of severity of maltreatment, the assessment also asked the social workers to rate the level of threat which the behavior of the perpetrator posed for the victim. There was a reduction of cases in which the maltreatment was "very" or "moderately" life threatening and an increase in the proportion for which it was "not threatening at all," between the time of intake and close of case (final re-assessment). This shift, shown on Table 27, was statistically significant (p .001).

Characteristics of the Victim and Perpetrator

Mental Health of the Victim. To determine whether there was a change in the mental health of the victims during the course of the intervention, several criteria were used. the first was a rating by the case worker of the abused person's orientation to time, place and person and immediate, recent, and remote memory (Table 28). None of these items showed statistically significant changes from the initial assessment to the re-assessment, but the trend was for memory and orientation problems to increase slightly.

The emotional state of the victim was the second criteria of the mental health measure. While not statistically significant, the data indicate a slight improvement in the victim's emotional state at the time of re-assessment (Table 29). Similarly, the third criterion, a rating of the victim's self esteem, showed a slight increase between intake and re-assessment, but this finding was not statistically significant.

Dependency. At the time of the re-assessment, the social workers were requested to indicate any change in the level of dependence of the abused/neglected elder on the abuser and/or his or her family which had occurred since the initial assessment. Looking at Table 30, five areas were listed: companionship, daily

needs, financial management, financial resources, maintenance of property and transportation. A comparison of these results with those at intake shows a downward shift in the proportion of "very dependent" and an increase in the proportion of "slightly dependent" and "independent." When tested statistically, the change in dependence was significant for companionship and daily needs. The perpetrator, however, was found to be less financially dependent on the victim at the time or re-assessment (Table 31). This relationship was statistically significant (p=.05).

Stress. The case workers were also asked to note whether there had been a change in the extent of the stress caused by the abused elder on the abuser: "a lot," a little," or "not at all." Although the relationship was not statistically significant, the data indicate a substantial reduction in stress on the abuser at the time of the re-assessment (Table 32). Another comparison question concerned the quality of the relationship of the abused and abuser (Table 33). There was a significant improvement in the relationship between abused and abuser with a drop in the percentage of "poor" responses from three-quarter to one-half of all cases. When a comparison was made between the severity of the problems experienced by the perpetrators at intake and later at re-assessment (Table 34), the Worcester cases showed no significant change.

Intervention Barriers

The re-assessment form included a question about the change in the barriers to service delivery which had been noted at the time of intake (Table 35). Most significantly, there was a reduction in the degree of hindrance caused by the "receptivity (or lack thereof) of the perpetrator to receive help."

CLIENT OUTCOMES: CASE RESOLUTION

Case Resolution and Disposition

One of the last questions on the re-assessment form asked the case worker to note the extent to which the case had been resolved: "completely," "a lot," "a little" or "not at all" (Table 36). More than one-third (37.3 percent) of all cases were resolved completely. Slightly less than a third (27.5 percent) showed "a lot" of improvement and little or "no" success was recorded for the remaining cases (35.3 percent). Regarding the status of the case at time of re-assessment, there were a number of possible outcomes (Table 37). While none of the Worcester abuse victims had died, 12.3 percent were admitted to nursing or rest homes. Less than one-tenth (8.8 percent) were hospitalized and new housing situations were arranged for another 8.8 percent. Thus, at the end of the two year study period, more than half of the victims (57.9 percent) were still in the same housing situation as when the case was first opened. For perpetrators,

it is interesting to note that at the time of re-assessment, 10.5 percent of the perpetrators had died and 1.8 percent had been placed in a nursing home.

To provide further information concerning case resolution, the social workers were asked to note the extent to which various interventions had contributed to the resolution of the case. Listed in order by worker perceived effectiveness, the most effective intervention strategies were: "changes in the social/living situation of the abused," "changes in the circumstances of the abused which precipitated abuse," "removal of barriers," "specific interventions," "changes in the unhealthy interdependencies between abused and abuser," and "reduction in stress caused by abused." Least successful as a strategy was "reduction in problems in life of abuser" and "changes in circumstances of abuser which precipitated abuse."

Factors Contributing to Case Resolution

The factors which appear to have some potential bearing on case resolution were identified and divided into four categories as shown in Figure 2.

Victim Characteristics. There was no relationship between case resolution and victim variables such as age, marital status, sex, income, use of supportive devices, number of medications, memory, number of social contacts, self esteem, and source of stress. Significant differences were found for temporal orientation, dependency needs related to financial resources, transportation and problems in personal care, general shopping, transportation and household management. In all of these instances, the individuals for whom the case was resolved tended to be more impaired and dependent.

Perpetrator Characteristics. None of the perpetrator variables (age, sex, history of alcohol abuse and psychiatric institutionalization, availability of family members for support, someone to call in crisis, unrealistic expectations of the abused, or dependency in financial resources) were related to case resolution.

Situational Characteristics. Of the situational variables tested (household composition, type of abuse/neglect resulting in the report to the agency, relationship of perpetrator to victim, perpetrator lives with victim, quality of the relationship between perpetrator and victim, household income and level of threat of the abuse or neglect) only one was significantly related to case resolution. Unresolved cases were more likely to involve physical abuse and less likely to involve active or passive neglect.

Intervention Barriers and Strategies. As would be expected, the Model Project staff encountered fewer barriers to intervention with the resolved cases.

DISCUSSION AND SUMMARY

Characteristics of the Abuse, the Abused and the Abuser

A clear picture of the victim, perpetrator and abuse/neglect situation emerges from the Worcester Project. The victims are about 75 years in age, more likely to be female than male and inhabiting households with family members, including, a sizable proportion living with husbands. The perpetrators tend to be younger and male, sons almost as often as husbands. Psychological abuse appears to be most common, often accompanying other forms of abuse/neglect. An analysis of the manifestations of abuse indicates that physical abuse most often is characterized by bruises and welts; psychological abuse by verbal assault and intimidation; and neglect by lack of support and companionship. For a sizable proportion of victims, the situation was considered to be very threatening or life threatening. When asked the reason for such behavior, the perpetrators tended to deny that the situation existed. The case workers point to the presence of mental problems in at least one third of the abusers and a history of mental illness and alcohol abuse in an even larger percentage.

Generally, the victims are a dependent group. About half require supportive devices for mobility; a few were bedridden. A large majority have difficulties with the instrumental activities of daily living and were assessed to be in a poor emotional state. The degree of cognitive impairment is judged to be about one-third of the caseload, although a great majority of the victims were able to give consent. While this group is dependent on their caretakers or other family members for daily needs, financial management, transportation and companionship, they are relatively independent in terms of financial resources. For the perpetrators the situation was reversed. They were likely to be dependent on the victim for finances, but independent in other ways. For many of the victims, there was little contact with others aside from the perpetrator or formal caregivers. A great deal of stress appears to be evident in the lives of the perpetrators, including unrealistic expectations of the abused or demands for attention, changes in their own health status or financial problems.

Lack of data on perpetrators made it impossible to determine to what degree family violence was present in their earlier history. There was a small percentage of cases in which the perpetrators had been victimized as children or had been involved in other acts of violence in addition to elder abuse.

Referral patterns show that the Worcester Project received the vast majority of its referrals from private agencies. Prior to admission to the Project, a majority of the abused were receiving health services. For a sizable portion of the cases, the initial action on the part of the Project was to contact the victim and then other agencies, generally for medical services.

Concerning legal action, the Worcester Project found legal action appropriate in one-third of its cases and actually used legal interventions in one-quarter of all cases. The most frequently found barrier to service delivery was "receptivity of the abuser and abused to help." Coordination of agencies and services presented little, if any, problem.

Client Outcomes: Re-assessment

In order to determine whether there had been a change in the abuse/neglect situation during the time of the Model Project intervention, several aspects were studied: the manifestations and severity of the abuse and neglect acts; the dependency status of the abused and abuser; the presence of stress on the abuser; and barriers to service delivery.

Although the changes in severity of the maltreatment were not tested statistically, there was considerable improvement in the number and degree of severity of the manifestations found in the Worcester Project case load during the course of the intervention and a drop in the level of threat which the actions of the perpetrator posed to the health of the victim. There appeared to be some success in reducing the dependency of the abused on the abuser particularly with regard to companionship and daily needs (probably through the employment of homemakers), but not for financial management, transportation and maintenance of property. The mental health of the victim (including cognitive and emotional status and self esteem did not change significantly, nor was there any change in the degree of stress which the victim caused the perpetrator and/or family. Although the quality of the relationship between the victim and perpetrator did improve, there was no change in the perpetrator's problem. There was, however, a reduction in the financial dependency of the perpetrator on the victim. Of all the barriers to service delivery considered by the Worcester staff, only "receptivity of the abuser to help" improved significantly.

To conclude, it appears that the Worcester Project was successful in changing certain aspects of the abuse situation. Workers noted a reduction in the manifestations of the abuse or neglect situations, and in the dependency of the victim on the perpetrator and vice versa. They recorded negligible changes, however, in the level of stress caused by the victim, in the victim's emotional state or in the problems facing the perpetrator.

Client Outcomes: Case Resolution

Almost one-third of the cases seen by the Model Project were resolved completely with some progress toward resolution noted for almost another third. While the underlying principle or practice was to try to maintain the family unit intact, it is interesting to note that changes in the living situation were

made in almost half the cases, either through departure of the perpetrator or placement of the victim in the hospital, nursing home, or new living quarters.

To determine the factors which contribute to case resolution, two approaches were utilized. First case workers were given a list of intervention strategies and asked to record to what degree they had contributed to the resolution of the case. "Changes in social/living situation" was rated among the most effective and "changes in circumstances of the abuser which precipitated the abuse" was the least successful strategy.

The second approach to the question was to identify the victim, perpetrator and abuse/neglect situation characteristics related to case resolution. Very few characteristics turned out to be significant. Resolution was more apt to be identified with persons who were more dependent and victims of neglect than those who were less dependent and who were victims of physical abuse. Apparently, more success is possible in cases of neglect where the simple introduction of services or relocation to a nursing home can have a significant impact on the case. Leaving the elderly victim in a situation where the abuser is resistent to receiving help and where there is a mutual interdependency may be more difficult to resolve, especially if the abuser is a spouse.

CHAPTER FIVE

IMPLICATIONS FOR PLANNING AND POLICY

The preceding chapters of this report have provided a detailed description of the Massachusetts Model Project on Elder Abuse, and have analyzed the progress made towards its objectives. Further, the characteristics of clients of the Project were presented, and client outcomes discussed. In this final chapter the questions are addressed: What is the larger significance of these findings? What implications for service planning can be drawn from the experience of the Massachusetts Model Project? The following issues will be taken in turn: location of the Project; the Project's effectiveness; the need for a specialized elder abuse program; and state and local collaboration on the Project.

1) Location of the Project

The findings in this report indicate that locating elder abuse intervention projects in Home Care Corporations (HCCs) is in general a wise choice. The HCCs have a high community profile, and have direct access to a wide array of services that can be employed to intervene in abuse situations. As the progress towards the project objectives demonstrates, an elder abuse program can thrive in an HCC.

2) Effectiveness of Project

The outcome data reflects well on the Model Project. In a significant number of cases, improvement was found during the time of Project staff's involvement. This provides additional support for an HCC-based intervention model.

3) Need for Specialized Elder Abuse Program

The findings relating to client characteristics point to a need for specialized intervention programs for elders. Although the overall number of cases served by the Model Project was small (59), the cases were tremendously complex and hard to resolve. Case managers would have had great difficulty in intervening in these abuse situations. The data indicate that specialized workers are a necessary part of an elder abuse response system.

4) State-Local Partnership

One of the unusual features of the Project was its involvement of both a state agency and a local organization. All evidence indicates that this collaboration was very fruitful, and was at least in part responsible for the success of the Project. Local site staff were able to have input on state policy, which was in turn enriched by their practical experience. Such collaboration is to be encouraged in the future.

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FIGURE 1. WORCESTER CLIENT PATHWAY MODEL

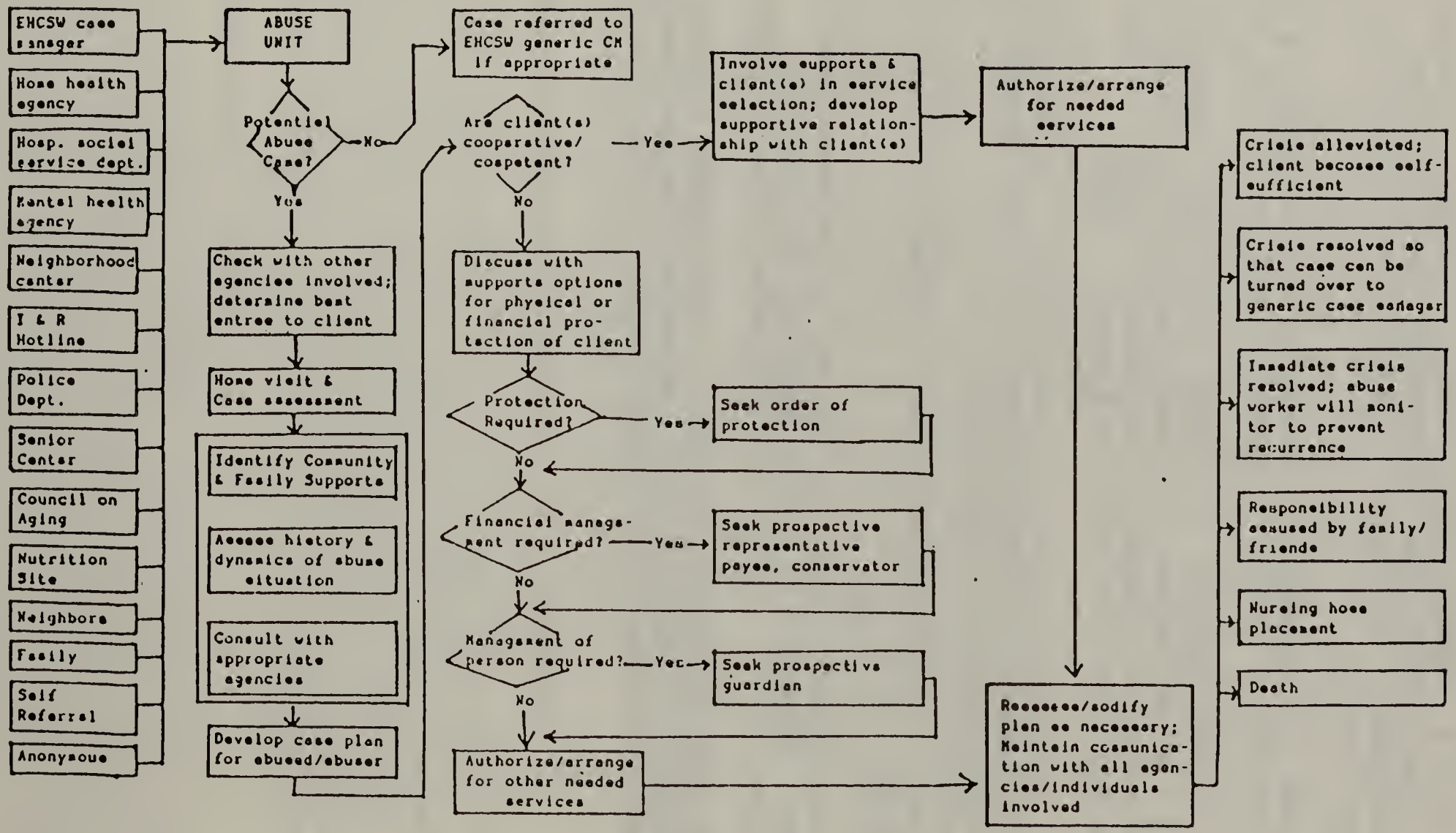

FIGURE 2. VARIABLES IN CASE RESOLUTION ANALYSIS

1. Victim Characteristics

Age
Marital Status
Sex
Income
Use of Supportive Devices for Mobility
Number of Medications
Problem with Orientation to Person, Place and Time
Problem with Immediate, Recent, or Remote Memory
Emotional State
Number of Social Contacts
Self-Esteem Rating
Source of Stress to Perpetrator
Dependency on Perpetrator in the Following Areas:

- Companionship
- Daily Needs
- Financial Management
- Financial Resources
- Maintenance of Property
- Transportation

Difficulty With Instrumental Activities of Daily Living:

- Personal Care
- Mobility/Communication
- Mealtime Activities
- Safety/Security of Property
- Management of Personal Affairs
- General Shopping
- Transportation
- Household Management

2. Perpetrator Characteristics

Age
Sex
History of Alcohol Abuse
Availability of Family Member for Support
Availability of Someone to Call in Crisis
Unrealistic Expectations of Abused
Financial Dependency on Abused

FIGURE 2. VARIABLES IN CASE RESOLUTION ANALYSIS (cont.)

3. Situaticnal Characteristics

Household Composition
Primary Type of Abuse/Neglect
Relationship of Perpetrator to Victim
Perpetrator Lives/Does Not Live with Victim
Quality of the Relationship between Perpetrator and Victim
Household Income
Levels of Threat

4. Intervention Barriers and Strategy

Barriers to Intervention:

Number of Agencies
Coordination of Services
Coordination of Agencies
Receptivity of Abused
Receptivity of Abuser
Availability of Services
Legal Implications
Lack of Respite Care
Lack of Support Group
Lack of Protective Services
Non Reimbursement for Services
Bureaucratic Red-Tape

TABLE 1. AGE, SEX, RACE, AND MARITAL STATUS OF THE ABUSED/ NEGLECTED ELDERS

	Worcester n=59
	# %
a) Age (mean years)	76.8
Under 60	1(1.7)
60-64 years	10(16.9)
65-69 years	7(11.9)
70-74 years	6(10.2)
75-79 years	11(18.6)
80-84 years	14(23.7)
85 years and older	7(16.9)
No answer	3
b) Sex	
Male	12(20.3)
Female	47(79.7)
c) Race	
Native Americans	1(1.7)
Black	-
Latino/Latina	2(3.4)
Asian	-
White	56(94.9)
Other	-
No Answer	-
d) Marital Status	
Single	7(12.1)
Married	21(36.2)
Widowed	26(44.8)
Divorced/Separated	4(6.9)
No answer	1

TABLE 2. LIVING ARRANGEMENTS AND INCOME OF ABUSED/NEGLECTED ELDERS

	Worcester n=59	
	#	%
a) Household Composition		
Lives alone	8	(13.6)
Lives with others	51	(86.4)
No Answer		
b) Relationship to others in household*:		
Spouse	21	(37.5)
Children	22	(39.3)
Siblings	5	(12.5)
Other relatives	12	(21.4)
Non-relatives	6	(10.7)
No answer	9	
c) Approximate annual income of abused/neglected elder:		
$ 4,999 or less	33	(61.1)
5,000 to 9,999	18	(33.3)
10,000 to 14,999	3	(5.6)
15,000 to 19,999	-	
20,000 and over	-	
No answer	5	
d) Approximate annual income of household of abused/ neglected elder:		
$ 4,999 or less	6	(16.7)
5,000 to 9,999	18	(50.0)
10,000 to 14,999	11	(30.6)
15,000 to 19,999	1	(2.8)
20,000 and over	-	
No answer	23	

*Column totals do not add up to 100 percent because of multiple responses to this question.

TABLE 3. AGE, SEX, AND RACE OF THE PERPETRATORS

	Worcester n=59	
	#	%
a) Age		
10 to 19 years	1	1.7
20 to 29	6	10.2
30 to 39	10	16.9
40 to 49	6	10.2
50 to 59	10	16.9
60 to 69	7	11.9
70 to 79	8	13.6
80 years and over	11	18.6
No answer		
b) Sex		
Male	42	71.2
Female	17	28.8
No answer		
c) Race		
Native American	-	
Black	-	
Latino/Latina	2	3.4
Asian	-	
White	57	96.6
Other	-	
No answer	-	

TABLE 4. RELATIONSHIP OF PERPETRATORS TO VICTIMS

	Worcester n=59	
	#	%
a) Relationship of perpetrator to victim*:		
Husband	15	(25.4)
Wife	5	(8.5)
Son	14	(23.7)
Daughter	11	(18.6)
Sister	3	(5.1)
Brother	3	(5.1)
Brother/Sister-in-law	-	
Son/Daughter-in law	3	(5.1)
Other relative	6	(10.2)
Non-relative	7	(11.9)
No answer	-	
b) Perpetrator lives with victim:		
Yes	49	(83.1)
No	10	(16.9)
No answer		
c) Number of years the perpetrator has lived with the victim (mean years):	25.6	
d) Rating of the quality of the relationship between the victim and perpetrator at intake:		
Poor	44	(77.2)
Good	12	(21.1)
Excellent	1	(1.8)
No answer	2	

*Columns do not add up to 100 percent because of multiple responses to this question.

TABLE 5. STATED REASONS FOR ABUSE/NEGLECT BY PERPETRATORS*

	Worcester n=59	
	#	%
Perpetrator's stated reasons for abuse/neglect:		
Denial of problem	25	(50.9)
Overwhelmed by victim's dependency	6	(10.9)
Dislike, anger towards the victim	2	(3.6)
Outside events induced stress reaction	2	(3.6)
Triggered by events surrounding other family members	4	(7.3)
Lack of concern	2	(3.6)
Monetary gain	1	(1.8)
Self-defense	1	(1.8)
Material gain	1	(1.8)
Illness	2	(3.6)
No apparent reason	2	(3.6)
Can't be determined	13	(23.6)
No answer	4	

*Columns do not add to 100 percent because of multiple responses.

TABLE 6. SOCIAL WORKERS' ASSESSMENT OF THE REASONS FOR THE PERPETRATORS' ACTIONS*

Reasons for action	Worcester n=59
	# %
Overwhelmed by elder's needs dependency	10(17.9)
Dysfunctional family including violence	9(16.1)
Mental status including alcohol-drug abuse	23(41.1)
Victim expects too much of perpetrator	3(5.4)
Long-term interpersonal problems between victim/ perpetrator	8(14.3)
Lack of concern for victim	4(7.1)
Lack of knowledge of perpetrator	2(3.6)
Financial	3(5.4)
Self-defense	1(1.8)
Loss of independence	1(1.8)
Material gain	3(5.4)
Distrustful	-
Perpetrator expects too much of Victim	1(1.8)
No answer	3

* Columns do not add to 100 percent because of multiple responses.

TABLE 7. SEVERITY OF PERPETRATORS' PROBLEMS

	None	Mild	Moderate	Severe	?	N/A
	#	#	#	#	#	#
Worcester (n=59)						
Alcohol abuse	38	7	8	3	2	1
Drug abuse	55	-	-	2	1	-
History of mental illness	35	2	9	12	1	-
Lack of needed service	49	-	5	5	-	-
Long-term financial problem	49	-	4	3	-	-
Long-term medical problem	43	3	7	6	-	-
Past suicide attempt	55	-	2	2	-	-
Recent birth of child	58	-	1	-	-	-
Recent financial problem	51	-	4	4	-	-
Recent divorce/separation	52	-	3	2	2	-
Recent death of spouse/ significant other	56	-	1	2	-	-
Recent medical complaint	48	-	9	2	-	-
Other	40	2	8	7	2	-

TABLE 8. SOCIAL NETWORK OF THE PERPETRATORS

	Worcester n=59
	# %
a) Perpetrator has family members available for support or assistance:	
Yes	34(77.3)
No	10(22.7)
No answer	15
b) Perpetrator has someone to call in a crisis:	
Yes	35(89.7)
No	4(10.3)
No answer	20

TABLE 9. TYPES OF ABUSE AND NEGLECT REPORTED, LENGTH OF TIME THEY HAD BEEN OCCURRING, AND LEVEL OF THREAT TO VICTIM

	Worcester n=59	
	#	%
a) Type of abuse/neglect reported*:		
Physical	26	(44.1)
Psychological	43	(72.9)
Material	23	(39.0)
Active neglect	9	(15.3)
Passive neglect	25	(42.4)
b) Type of abuse/neglect which precipitated the report*:		
Physical	21	(35.6)
Psychological	15	(25.4)
Material	14	(23.7)
Active neglect	4	(6.8)
Passive neglect	14	(23.7)
c) Type of abuse/neglect considered most harmful*:		
Physical	13	(22.8)
Psychological	19	(32.3)
Material	5	(8.8)
Active neglect	6	(10.5)
Passive neglect	17	(28.8)
d) Level of threat to the physical/mental health of of the victim:		
Life threatening	4	(7.0)
Very threatening	24	(42.1)
Moderately threatening	26	(45.6)
Not really threatening at all	3	(5.3)
No answer	2	
e) Length of time person was abused/neglected:		
Mean (months)	39.8	
Median (months)	18	
Range (months--years)	1-40	

* Columns do not add to 100 percent because of multiple responses.

TABLE 10. MANIFESTATIONS OF ABUSE AND NEGLECT

	None	Mild	Moderate	Severe	?	N/A
	#	#	#	#	#	#
Physical Abuse						
Bruises, welts	47	4	5	3	-	-
Sprains, dislocations	59	-	-	-	-	-
Malnutrition	59	-	-	-	-	-
Burns, scalding	58	-	1	-	-	-
Abrasions, lacerations	57	-	-	1	1	-
Wounds, cuts, punctures	58	-	-	1	-	-
Internal injuries	59	-	-	-	-	-
Dismemberment	59	-	-	-	-	-
Sexually molested	59	-	-	-	-	-
Oversedation	58	-	1	-	-	-
Hypothermia	59	-	-	-	-	-
Bone fractures	56	-	1	1	1	-
Skull fractures	59	-	-	-	-	-
Direct beatings	55	-	2	2	-	-
Forced into NH	59	-	-	-	-	-
Tied to bed	59	-	-	-	-	-
Tied to chair	59	-	-	-	-	-
Other physical confinement against will	59	-	-	-	-	-
Other	51	1	7	-	-	-
Psychological Abuse						
Verbal assault	28	1	13	11	3	3
Threat	34	-	8	12	2	3
Intimidation	33	1	8	12	2	3
Humiliation	38	1	7	10	-	3
Isolation	41	2	5	8	-	3
Other	53	-	-	1	-	5

TABLE 10. MANIFESTATIONS OF ABUSE AND NEGLECT (cont.)

	None	Mild	Moderate	Severe	?	N/A
	#	#	#	#	#	#
Material Abuse						
Taking possession of money or property	39	1	8	8	1	2
Misuse of money or property	41	-	7	8	1	2
Other	52	-	1	3	-	3
Neglect						
Abandoned	51	2	1	5	-	-
Lack of help house cleaning	55	-	2	2	-	-
Lack of food	41	2	10	6	-	-
Lack of heat	53	-	2	4	-	-
Lack of personal care	47	1	3	8	-	-
Lack of supervision	45	1	6	7	-	-
Lack of support/companionship	41	1	10	7	-	-
Failure to purchase prescribed Rx	58	-	-	1	-	-
No false teeth when needed	57	-	-	2	-	-
No hearing aid when needed	57	1	-	1	-	-
No glasses when needed	56	-	1	2	-	-
Failure to provide other prescribed medical services	47	-	8	4	-	-
Failure to fulfill other caretaking obligations	42	2	6	8	1	-

TABLE 11. HEALTH/FUNCTIONAL STATUS OF THE ABUSED/NEGLECTED ELDERS

	Worcester n=59
	# %
a) Number of total physical impairments(meant)	2.78
b) Abused/neglected elder requires supportive devices for mobility:	
Yes	27(51.9)
No	25(48.1)
Bedridden	-
No answer	7
c) Abused/neglected elder is on a physican prescribed diet:	
Yes	17(34.7)
No	32(65.3)
No answer	10
d) Abused/neglected elder's weight has changed significantly compared to usual adult weight:	
Yes	5(12.2)
Less	7(17.1)
More	-
No	29(70.7)
No answer	18
e) Abused/neglected elder appears to be eating well:	
Yes	25(58.1)
No	18(41.9)
No answer	16

TABLE 12. ABUSED/NEGLECTED ELDERS' PROBLEMS WITH THE INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Problems	Worcester n=59
	# %
a) Personal care	
Yes	42(72.4)
No	16(27.6)
No answer	1
b) Mobility/communications	
Yes	39(66.1)
No	20(33.9)
No answer	-
c) Mealtime activities	
Yes	44(74.6)
No	15(25.4)
No answer	-
d) Safety/security of personal property	
Yes	30(51.4)
No	28(48.3)
No answer	1
e) Management of financial/ personal affairs	
Yes	44(74.6)
No	15(25.4)
No answer	-
f) General shopping	
Yes	40(76.8)
No	19(32.2)
No answer	-
g) Transportation	
Yes	42(71.2)
No	17(28.8)
No answer	-
h) Household management	
Yes	43(74.1)
No	15(25.9)
No answer	1

TABLE 13. RATING OF MENTAL STATUS OF THE ABUSED/NEGLECTED ELDERS

		Worcester n=59
		# %
a) Problems with orientation		
Person:	Yes	6(11.1)
	Sometimes	13(24.1)
	No	25(64.8)
	No answer	5
Place:	Yes	6(11.3)
	Sometimes	8(15.1)
	No	39(73.6)
	No answer	6
Time:	Yes	8(15.1)
	Sometimes	10(18.9)
	No	35(66.0)
	No answer	6
b) Problems with memory		
Immediate:	Yes	8(16.7)
	Sometimes	6(12.5)
	No	34(70.8)
	No answer	11
Recent:	Yes	8(17.8)
	Sometimes	10(22.2)
	No	27(60.0)
	No answer	14
Remote:	Yes	5(13.5)
	Sometimes	7(18.9)
	No	25(67.6)
	No answer	22

TABLE 14. RATING OF EMOTIONAL STATUS OF ABUSED/NEGLECTED ELDER

	Worcester n=59	
	#	%
a) Emotional state		
Excellent	0	(0.0)
Good	21	(41.2)
Poor	30	(58.8)
No answer	8	
b) Self-esteem		
Very low	2	(5.6)
Moderately low	14	(38.9)
Moderately high	20	(55.6)
Very high	-	
No answer	23	
c) Abused/neglected elder can give consent		
Yes	40	(81.6)
No	9	(18.4)
No answer	10	

TABLE 15. EXTENT OF DEPENDENCE OF ABUSED/ELDER ON THE ABUSER OR FAMILY

	Independent		Slightly Dependent		Very Dependent		N/A
	#	%	#	%	#	%	#
Worcester (n=59)							
Companionship	12	(20.7)	10	(17.2)	36	(62.1)	4
Daily needs	22	(37.9)	5	(8.6)	31	(53.4)	1
Financial management	18	(32.1)	2	(3.6)	36	(64.3)	3
Financial resources	29	(52.7)	15	(27.3)	11	(20.0)	4
Maintenance of property	19	(34.5)	9	(16.4)	27	(49.1)	4
Transportation	21	(38.9)	4	(7.4)	29	(53.7)	5
Other	-		-		11		48

TABLE 16. EXTENT OF DEPENDENCE OF THE ABUSER ON THE ABUSED/NEGLECTED ELDER

	Independent	Slightly Dependent	Very Dependent	N/A
	#	#	#	#
Worcester (n=59)				
Companionship	1	4	7	47
Daily needs	1	-	7	51
Financial resources	11 (25.6)	14 (32.6)	18 (41.9)	16
Other	1	1	6	51

TABLE 17. STRESSFUL EVENTS IN THE LIVES OF THE PERPETRATORS

	Worcester n=59
	# %
a) Victim is a source of stress to perpetrator or family	
A lot	24(66.7)
A little	5(13.9)
Not at all	7(19.4)
No answer	23
b) Type of stress*	
Soiling	8(25.0)
Verbal	6(18.8)
Demands for attention	12(37.5)
Wandering	4(12.5)
Unrealistic expectations	7(21.9)
Incontinence	9(28.1)
Others	22(68.8)
No answer	27
c) Perpetrator has unrealistic expectations of the victim:	
Yes	19(67.9)
No	9(32.1)
No answer	31

*Columns do not add to 100 percent because of multiple responses.

TABLE 18. CHANGES IN THE SITUATION OF THE VICTIMS AND PERPETRATORS WHICH MAY HAVE PRECIPITATED OR EXACERBATED THE ABUSE/NEGLECT*

	Worcester n=59	
	#	%
a) Changes in situation of victims		
Physical health	48	(81.4)
Mental health	36	(61.0)
Supports/contacts	21	(35.6)
Family relationships	23	(39.0)
Financial or job status	5	(8.5)
Living arrangements	22	(37.3)
Increased dependency	36	(61.0)
Provocative behavior	22	(37.3)
Other	12	(20.3)
b) Changes in situation of perpetrators		
Physical health	23	(39.0)
Mental health	27	(45.8)
Supports/contacts	10	(17.2)
Family relationships	23	(39.7)
Financial or job status	20	(33.9)
Living arrangements	21	(41.4)
Increased dependency	7	(12.1)
Provocative behavior	8	(13.8)
Other	8	(13.8)

*Each of the above items appeared on the Case Assessment form with a choice of Yes or No. Above percentages represent the Yes answers. Columns do not add to 100 percent because of multiple responses.

TABLE 19. SOCIAL NETWORKS OF THE ABUSED/NEGLECTED ELDERS

	Worcester n=59	
	#	%
a) Number of persons with whom abused/neglected elder has social contacts excluding household members, perpetrator, and formal supports:		
None	11	(18.6)
1	8	(13.6)
2	15	(25.4)
3	13	(22.0)
4	8	(13.6)
5 or more	4	(6.8)
No answer	-	
b) Frequency of contacts:		
Daily	11	(21.2)
Weekly	20	(38.5)
Monthly/infrequently	11	(21.2)
None	10	(19.2)
No answer	7	
c) Abused/neglected elder attends clubs/church activities:		
Yes	8	(13.8)
No	50	(86.2)
No answer	1	
d) Abused/neglected has someone to call in a crisis:		
Yes	42	(93.3)
No	2	(4.4)
No answer	15	

TABLE 20. BACKGROUND OF VIOLENCE IN THE LIVES OF THE PERPETRATORS

	Worcester n=59
	# %
a) Background of the perpetrator*:	
Single parent	4(20.0)
Non-parental	-
Step-parent	-
Violence	5(25.0)
Other	12(60.0)
No answer	39
b) Perpetrator was abused/neglected as a child:	
Yes	7(77.8)
No	2(22.2)
No answer	50
c) Perpetrator has been responsible for additional acts of abuse/ neglect to others*:	
Child abuse	2(22.2)
Spouse abuse	1(11.1)
Documented assault and/or battery	5(55.6)
Others	4(44.4)
No	-
No answer	50

*Columns do not add to 100 percent because of multiple responses.

TABLE 21. SERVICES PROVIDED TO THE ABUSED/NEGLECTED ELDERS PRIOR TO AND IMMEDIATELY AFTER MODEL PROJECT INTERVENTION*

	Worcester n=59	
	#	%
a) Services used by abused/neglected elder just prior to Model Project intervention:		
Health services	32	(65.3)
Meals on wheels	4	(8.2)
Senior centers	3	(6.1)
Outreach programs	6	(12.2)
Homemakers	7	(14.3)
Legal services	2	(4.1)
Volunteers	1	(2.0)
Informal supports	24	(49.0)
Other	14	(28.6)
No answer	10	
b) Initial action taken by Model Project:		
Contacted victim	26	(44.8)
Counseling victim	7	(12.1)
Homemaker service/food	7	(12.1)
Legal services	11	(19.0)
Contacted other involved agencies	22	(37.9)
Family intervention	9	(16.5)
Contacted perpetrator	13	(22.4)
Counseling perpetrator	3	(5.2)
Medical care	4	(6.9)
Changed living arrangements	10	(17.2)
Evaluation/case conference	10	(17.2)
Financial assistance	3	(5.2)
Police protection	4	(6.9)
Day center services	3	(5.9)
Hospitalizaton	4	(6.9)
Neighbor support	2	(3.4)
Transportation	-	
No answer	1	

*Columns do not add up to 100 percent because of multiple responses.

TABLE 22. NUMBER OF REFERRALS MADE TO COMMUNITY AGENCIES BY TYPE PER CASE OF ELDER ABUSE/NEGLECT

	None	1	2	3	4	N/A
	#	#	#	#	#	#
Worcester (n=59)						
Medical	30	24	3	1	1	-
Mental Health	42	16	1	-	-	-
Social Service	38	16	5	-	-	-
Volunteer	57	2	-	-	-	-
Police	49	10	-	-	-	-
Legal	45	14	-	-	-	-
Other	48	9	3	1		

TABLE 23. LEGAL INTERVENTION BY THE MODEL PROJECTS

	Worcester n=59
	# %
a) Legal action is appropriate for particular case:	
Yes	19(32.2)
Not at all	14(23.7)
Not sure at this time	26(44.1)
No answer	-
b) If YES, action that might be appropriate:	
Order of protection	11(35.5)
Conservatorship	6(19.4)
Involuntary commitment (psychiatric)	6(19.4)
Short term involuntary protective removal	-
Competency judgment	4(12.9)
Representative or protective payee	5(16.1)
Criminal action	2(6.5)
Family court	-
Other	12(38.7)
No answer	28
c) Above legal action has been initiated or will be initiated:	
Yes	13(24.1)
No	41(75.9)
No answer	5

TABLE 23. LEGAL INTERVENTION BY THE MODEL PROJECTS (cont.)

	Worcester n=59	
	#	%
d) If YES, the following action was initiated*:		
Order of protection	5	(31.3)
Conservatorship	-	
Involuntary commitment	1	(6.3)
Short term involuntary protective removal	-	
Competency judgment	2	(12.5)
Representative or protective payee	2	(12.5)
Criminal action	1	(6.3)
Family court	-	
Other	-	
No answer	43	
e) Mandated reporting legislation would have helped effect earlier or more effective case intervention:		
Yes	8	(17.4)
No	38	(82.6)
No answer**	13	
f) Short term involuntary protective removal legislation would have made earlier or more effective intervention a possibility:		
Yes	2	(4.3)
No	45	(95.7)
No answer	12	

*Columns do not add to 100 percent because of multiple responses

TABLE 24. DEGREE OF HINDRANCE OF BARRIERS TO DELIVERY OF APPROPRIATE SERVICES

	Not Hindered		Hindered A Little		Hindered A Lot		N/A
	#	%	#	%	#	%	#
Worcester (n=59)							
Availability of services	21	(61.8)	9	(26.5)	4	(11.8)	25
Bureaucratic red-tape	17	(68.0)	4	(16.0)	4	(16.0)	34
Coordination of agencies	34	(85.0)	3	(7.5)	3	(7.5)	19
Coordination of services	33	(89.2)	2	(5.4)	2	(5.4)	22
Lack of protective services	15	(78.9)	1	(5.3)	3	(15.8)	41
Lack of respite care	11	(52.4)	6	(28.6)	4	(19.0)	38
Lack of support groups-caretakers	11	(68.8)	5	(31.2)	-		43
Legal implications of intervention	15	(51.7)	7	(21.6)	6	(20.7)	31
Non-reimbursement for services	18	(78.3)	2	(8.7)	3	(13.0)	36
Number of agencies involved	31	(91.2)	1	(2.9)	2	(5.9)	25
Receptivity of abused to help	20	(36.4)	18	(32.7)	17	(30.9)	4
Receptivity of abuser to help	6	(13.0)	10	(21.7)	30	(65.2)	13
Other	2	(25.0)	-		6	(75.0)	51

TABLE 25. TOTAL NUMBER OF MANIFESTATIONS OF ABUSE/NEGLECT BY TYPE AT INTAKE (ASSESSMENT 1) AND TIME OF CASE RE-ASSESSMENT (ASSESSMENT 2) BY DEGREE OF SEVERITY

	Physical			Psychological			Material			Neglect		
	Assessment			Assessment			Assessment			Assessment		
	1	2		1	2		1	2		1	2	
	#	#	%	#	#	%	#	#	%	#	#	%
Worcester - Total	32	17	(53.1)	107	65	(60.1)	38	24	(63.2)	117	65	(56.6)
Mild severity	5	8		5	14		1	3		10	22	
Moderate severity	17	6		41	22		16	9		49	19	
Severe	8	2		54	25		19	10		57	24	
? Severity	2	1		7	4		2	2		1	-	
"No longer a problem"		16	(50.0)		45	(42.1)		12	(31.6)		44	(37.6)

TABLE 26. MANIFESTATIONS OF ABUSE AND NEGLECT AT TIME OF RE-ASSESSMENT

	None	Mild	Moderate	Severe	?	no longer a problem	N/A
	#	#	#	#	#	#	#
Physical Abuse							
Bruises, welts	42	5	1	-	-	8	1
Sprains, dislocations	56	-	-	-	-	-	1
Malnutrition	56	-	-	-	-	-	1
Burns, scalding	54	-	-	1	1	-	1
Abrasions, lacerations	55	-	-	-	-	1	1
Wounds, cuts, punctures	56	-	-	-	-	-	1
Internal injuries	56	-	-	-	-	-	1
Dismemberment	56	-	-	-	-	-	1
Sexually molested	56	-	-	-	-	-	1
Oversedation	55	1	-	-	-	-	1
Hypothermia	56	-	-	-	-	-	1
Bone fractures	53	1	-	1	-	1	1
Skull fractures	56	-	-	-	-	-	1
Direct beatings	52	1	1	-	-	2	1
Forced into NH	56	-	-	-	-	-	1
Tied to bed	56	-	-	-	-	-	1
Tied to chair	56	-	-	-	-	-	1
Other physical confinement against will	56	-	-	-	-	-	1
Other	47	-	4	-	-	4	2
Psychological Abuse							
Verbal assault	27	5	6	4	2	10	3
Threat	32	2	4	6	1	10	2
Intimidation	31	2	5	6	1	9	3
Humiliation	36	1	5	5	-	7	3
Isolation	38	4	2	3	-	7	3
Other	51	-	-	1	-	2	3

TABLE 26. MANIFESTATIONS OF ABUSE AND NEGLECT AT TIME OF RE-ASSESSMENT (cont.)

	None	Mild	Moderate	Severe	?	no longer a problem	N/A
	#	#	#	#	#	#	#
Material Abuse							
Taking possession of money or property	39	2	5	4	1	5	1
Misuse of money or property	41	1	3	5	1	5	1
Other	51	-	1	1	-	2	2
Neglect							
Abandoned	49	1	2	3	-	1	1
Lack of help house cleaning	52	-	1	1	-	2	1
Lack of food	39	6	-	3	-	8	1
Lack of heat	52	-	-	1	-	3	1
Lack of personal care	45	2	2	3	-	4	1
Lack of supervision	41	3	5	2	-	5	1
Lack of support/ companionship	40	4	5	3	-	4	1
Failure to purchase prescribed Rx	54	-	1	-	-	-	2
No false teeth when needed	54	-	-	2	-	-	1
No hearing aid when needed	53	1	-	-	-	1	2
No glasses when needed	52	1	-	2	-	-	2
Failure to provide other prescribed medical services	45	2	2	-	-	7	1
Failure to fulfill other caretaking obligations	39	2	1	4	-	9	2

TABLE 27. RATING OF LEVEL OF THREAT TO HEALTH OF VICTIM AS A CONSEQUENCE OF THE BEHAVIOR OF THE PERPETRATOR AT INTAKE (ASSESSMENT 1) AND CASE RE-ASSESSMENT (ASSESSMENT 2)

	Assessment 1		Assessment 2	
	#	%	#	%
Worcester	n= 59		n= 57	
Life threatening	4	(7.0)	1	(2.0)
Very threatening	24	(42.1)	5	(10.0)
Moderately threatening	26	(45.6)	14	(28.0)
Not threatening at all	3	(5.3)	28	(56.0)
Not appropriate-perpetrator absent	-		2	(4.0)
Unknown	2		7	

Level of significance (Wilcoxin Matched-Pairs Signed-Ranks Test)
p .001

TABLE 28. RATING OF MENTAL STATUS OF ABUSED/NEGLECTED ELDER AT INTAKE (ASSESSMENT 1) AND AT TIME OF CASE RE-ASSESSMENT (ASSESSMENT 2)

		Assessment 1	Assessment 2
		# %	# %
Orientation Problem			
Person:	Yes	6(11.1)	7(15.2)
	Sometimes	13(24.1)	12(26.1)
	No	25(64.8)	27(58.7)
	Unknown	5	11
Place	Yes	6(11.3)	7(15.6)
	Sometimes	8(15.1)	9(20.0)
	No	39(73.6)	29(64.4)
	Unknown	6	12
Time:	Yes	8(15.1)	8(18.6)
	Sometimes	10(18.9)	11(25.6)
	No	35(66.0)	24(55.8)
	Unknown	6	14
Memory Problem			
Immediate:	Yes	8(16.7)	9(23.1)
	Sometimes	6(12.5)	5(12.8)
	No	34(70.8)	25(64.1)
	Unknown	11	18
Recent:	Yes	8(17.8)	9(23.1)
	Sometimes	10(22.2)	8(20.5)
	No	27(60.0)	22(56.4)
	Unknown	14	18
Remote:	Yes	5(13.5)	6(17.1)
	Sometimes	7(18.9)	5(14.3)
	No	25(67.6)	24(68.6)
	Unknown	22	22

No significant difference between Assessment 1 and 2 (Wilcoxin Matched-Pairs Signed-Ranks Test)

TABLE 29. RATING OF EMOTIONAL STATUS OF ABUSED/NEGLECTED ELDER AT INTAKE (ASSESSMENT 1) AND AT TIME OF CASE RE-ASSESSMENT (ASSESSMENT 2)

		Assessment 1	Assessment 2
		# %	# %
Worcester		n= 59	n= 57
Emotional State:	Excellent	-	3(6.7)
	Good	21(41.2)	22(48.9)
	Poor	30(58.8)	20(44.4)
	Unknown	8	12
Self-Esteem:	Very high	-	1(3.6)
	Moderately high	20(55.6)	16(57.1)
	Moderately low	14(38.9)	11(39.3)
	Very low	2(5.6)	-
	Unknown	23	19

TABLE 30. EXTENT OF DEPENDENCE OF THE ABUSED/NEGLECTED ELDER ON THE ABUSER OR FAMILY AT TIME OF CASE RE-ASSESSMENT

	Independent		Slightly Dependent		Very Dependent		N/A
	#	%	#	%	#	%	#
Worcester (n=57)							
*Companionship	16	(29.6)	13	(24.1)	25	(46.3)	3
**Daily needs	28	(51.9)	8	(14.8)	18	(33.3)	3
Financial management	23	(42.6)	4	(7.4)	27	(50.0)	3
Financial resources	29	(58.0)	14	(28.0)	7	(14.0)	7
Maintenance of property	23	(45.1)	9	(16.7)	19	(35.2)	6
Transportation	24	(49.0)	4	(8.2)	21	(42.9)	8
Other	3		-		8		46

Level of significance (Wilcoxin Matched-Pairs Signed-Ranks Test) comparing Assessment and Re-Assessment data *p .05; **p .01

TABLE 31. EXTENT OF DEPENDENCE OF THE ABUSER ON THE ABUSED/NEGLECTED ELDER FOR FINANCIAL RESOURCES AT INTAKE (ASSESSMENT 1) AND AT TIME OF CASE RE-ASSESSMENT (ASSESSMENT 2)

	Assessment 1		Assessment 2	
	#	%	#	%
*Worcester				
Independent	11	(25.6)	15	(40.5)
Slightly dependent	14	(32.6)	13	(35.1)
Very dependent	18	(41.9)	9	(24.3)
No answer	16		20	

Level of significance (Wilcoxin Matched-Pairs Signed-Ranks Test) *p .05;

TABLE 32. THE EXTENT TO WHICH THE ABUSED/NEGLECTED ELDER IS A SOURCE OF STRESS TO ABUSER AND/OR FAMILY AT INTAKE (ASSESSMENT 1) AND AT TIME OF CASE RE-ASSESSMENT (ASSESSMENT 2)

	Assessment 1		Assessment 2	
	#	%	#	%
Worcester				
A lot	24	(66.7)	17	(37.8)
A little	5	(13.9)	13	(28.9)
Not at all	7	(19.4)	14	(31.1)
No answer	23		13	

TABLE 33. THE QUALITY OF THE RELATIONSHIP BETWEEN THE ABUSED/NEGLECTED ELDER AND THE ABUSER AT INTAKE (ASSESSMENT 1) AND AT TIME OF CASE RE-ASSESSMENT (ASSESSMENT 2)

	Assessment 1		Assessment 2	
	#	%	#	%
*Worcester				
Poor	44	(77.2)	32	(60.4)
Good	12	(21.1)	18	(34.0)
Excellent	1	(1.8)	3	(5.7)
No Answer	2		4	

Level of significance (Wilcoxin Matched-Pairs Signed-Ranks Test)
*p .05;

TABLE 34. SEVERITY OF PERPETRATORS' PROBLEMS CASE RE-ASSESSMENT

	None	Mild	Moderate	Severe	?	No longer a problem	N/A
	#	#	#	#	#	#	#
Worcester (n=57)							
Alcohol abuse	34	3	6	5	1	3	5
Drug abuse	49	-	-	1	1	1	5
History of mental illness	33	1	7	9	-	1	6
Lack of needed services	43	-	5	5	-	1	3
Long-term financial problem	45	-	3	5	-	-	4
Long-term medical problem	38	2	8	3	1	-	5
Past suicide attempt	50	-	1	2	-	-	4
Recent birth of child	52	-	1	-	-	-	4
Recent financial problem	44	2	3	3	-	1	4
Recent divorce/separation	47	-	1	2	1	1	5
Recent death of spouse/ significant other	38	4	7	5	-	-	3
Recent medical complaint	48	-	1	1	1	1	5
Other	35	2	7	4	2	1	6

TABLE 35. DEGREE OF HINDRANCE OF BARRIERS TO DELIVERY OF APPROPRIATE SERVICES - CASE REASSESSMENT

	None		A Little		A Lot		no longer a problem		N/A
	#	%	#	%	#	%	#	%	#
Worcester (n=57)									
Availability of services	19	(57.6)	4	(12.1)	7	(21.2)	3	(9.1)	24
Bureaucratic red-tape	18	(72.0)	2	(8.0)	3	(12.0)	2	(8.0)	32
Coordination of agencies	34	(87.2)	1	(2.6)	1	(2.6)	3	(7.7)	18
Coordination of services	31	(83.8)	3	(8.1)	2	(5.4)	1	(2.7)	20
Lack of protective services	15	(83.3)	-		2	(16.7)	-		39
Lack of respite care	10	(58.8)	3	(17.6)	2	(11.8)	2	(11.8)	40
Lack support groups-caretakers	10	(62.5)	4	(25.0)	1	(6.3)	1	(6.3)	41
Legal implications-intervention	14	(51.9)	6	(22.2)	4	(14.8)	3	(11.1)	30
Non-reimbursement for services	18	(85.7)	1	(4.8)	2	(9.5)	-		36
Number of agencies involved	31	(88.6)	-		2	(5.7)	2	(5.7)	22
Receptivity of abused to help	17	(32.7)	14	(26.9)	14	(26.9)	7	(13.5)	5
*Receptivity of abuser to help	8	(16.7)	11	(22.9)	20	(41.7)	9	(18.8)	9
Other	2	(18.2)	2	(18.2)	6	(54.5)	1	(9.1)	46

Level of significance (Wilcoxin Matched-Pairs Signed-Ranks Test) comparing Assessment and Re-Assessment data *p .01;
(See Table for Assessment data).

TABLE 36. EXTENT TO WHICH CASES OF ELDER ABUSE/NEGLECT WERE RESOLVED

	Worcester	
	#	%
Not at all	7	(13.7)
A little	11	(21.6)
A lot	14	(27.5)
Completely	19	(37.3)
No Answer	8	

p= .0089

TABLE 37. STATUS OF VICTIM AND PERPETRATOR AT CASE RE-ASSESSMENT

	Worcester	
	#	%
Victim died		
Victim in nursing home/rest home	7	(12.3)
Victim in hospital	5	(8.8)
Victim in new housing arrangement	5	(8.8)
Perpetrator died/absent	6	(10.5)
Perpetrator in nursing home	1	(1.8)
Housing arrangement unchanged	33	(57.9)
No answer	-	

*total is greater than 100 percent because of multiple responses